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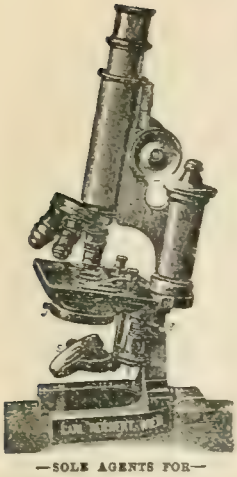

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VOL. XV. HALIFAX, N. S., DECEMBER, 1903. No. 12

Original Communications.

HISTORY OF THE MEDICAL SOCIETY OF NOVA SCOTIA.*

By D. A. CAMPBELL, M. D., Halifax.

The purpose of my paper is to prove that this is the fiftieth annual meeting of our Society, and not the thirty-fifth as indicated in the programme prepared by the secretary, and that next year will be the fiftieth anniversary of its formation, and that if deemed advisable we can celebrate our Jubilee with appropriate ceremonies.

The time at our disposal is so limited, and historical details are so dry and uninteresting that I will only deal with my subject in the most summary way. I feel, however, that if we can legitimately add to the age of our society, it will be a matter for congratulation generally, as it will rank us among the oldest of medical organizations in Canada.

The Medical Society of Nova Scotia grew out of or was an expansion of the Medical Society of Halifax, an organization formed in 1844 under the following circumstances. In this year the Honorable Hugh Bell, Mayor of Halifax, announced his desire to give the amount of his salary, three hundred pounds, towards the erection of a lunatic asylum or for some other public charity.

The medical profession of Halifax made strenuous efforts to secure the promised donation for the establishment of a general hospital.

At one of the meetings held for this purpose on October 26th, 1844, they organized themselves into a society to be called the Medical Society of Halifax, and elected Robert Hume, President, and Chas. Cogswell, Secretary. They hoped thus to more effectually promote their interests. The Society continued in existence until transformed into the Medical Society of Nova Scotia in 1854, meeting from time to time to promote various interests, but only with a fair measure of success.

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July, 1903.

The members became especially aggrieved at the contemptuous way in which their memorials were treated by the Legislature, and they determined to form a more effective combination to attain their purposes.

At a meeting held on May 7th, 1853, it was moved by Dr. J. Bernard Gilpin, seconded by Dr. J. H. Slayter, and resolved that Doctors Alexander Mitchell, Edward Jennings and D. McN. Parker do form a committee to revise the rules and by-laws of the Society, and to take into consideration the improper treatment of the medical bills presented of late years to the Legislature.

The committee reported at a meeting held on March 15th, 1854, as follows:—

"The committee of the Medical Society relative to revision of the rules and by-laws, and for considering the treatment of the profession by the Legislature, have to report as follows:—

The revised laws of the Society have not yet been completed.

With regard to the improper treatment of bills presented of late years to the Legislature, your Committee are of the opinion that the only alternative now left by which an effectual resistance may be offered to the unjust procedure of the Committees of Assembly appointed to investigate the petitions of medical men, is a union of the profession throughout the province.

To effect such union your Committee suggests that the Halifax Medical Society should become a provincial association, and its title be altered accordingly, and further that the practitioners throughout the province be invited by circular to become members of the Association.

(Sgd) Alex. Mitchell.
Edward Jennings.
D. McN. Parker."

On motion of Dr. Parker, seconded by Dr. Steverman, it was resolved:—

"That it is expedient for the members of the profession in this province to organize themselves forthwith into an Association for scientific and professional purposes, and for their mutual protection, and that every regularly qualified medical practitioner in Nova Scotia be invited to join the Association."

The adoption of this resolution marks the birth of the Medical Society of Nova Scotia. At this meeting the following gentleman were present:—Hon. W. Grigor, W. J. Almon, J. Bernard Gilpin, R. S. Black, Alex. Mitchell, J. R. DeWolfe, Edward Jennings, D. McN. Parker, James Allan, W. Grigor, jr., J. H. Slayter, Halifax; G. M. Johnson, Pictou; Joseph Steverman, Lunenburg.

As the Legislature was then in session, a committee was appointed to prepare a memorial for presentation to that body, relative to the petitions of medical men. This was at once carried out.

At an adjourned meeting held on March 17th, a draft of the rules and by-laws for the Provincial Medical Association was read, but discussion was postponed.

On March 22nd, the rules and by-laws were adopted, and the committee was instructed to correspond with the profession outside of the city. The following circular was distributed:—

HALIFAX, N. S., April 3rd, 1854.

SIR,—At a meeting of the medical men of Halifax and some of the adjacent counties held in this city, an Association was formed, entitled "The Medical Society of Nova Scotia."

The following objects are contemplated:—

1. To effect a union of all the duly qualified practitioners in the province.
2. To obtain a Charter of Incorporation and other Legislative enactments.
3. To ensure for medical men a just remuneration for their public services from the Legislature.
4. By all available means to prevent illegal practice in this province.
5. To register the qualifications and publish an annual list of members with their honorary appointments.
6. To hold monthly meetings for the discussion of scientific and other subjects pertaining to the profession, for the transaction of business, and to promote harmony and good-feeling amongst its members.
7. To have an annual meeting or conference (the first to be held in Halifax) for the election of officers and for amending or adding to the rules and by-laws if deemed necessary.

At these meetings members throughout the province are invited to contribute information for the general good, and to take part in the proceedings by proxy when not able to attend personally.

A small annual payment, say of five shillings from members resident in the country, and twenty shillings from town members, will be necessary to defray incidental expenses.

If desirous of joining the society, please forward your address within the ensuing month, stating when and at what college you obtained your degree or diploma, and whether you hold any provincial appointment.

A copy of the rules and by-laws will be sent for your concurrence and any further information you may require.

It is considered desirable that branch societies should be organized in different parts of the province, each governed by its own by-laws and yet in connection with the general association.

On this or any other matter relating to our present movement, the society respectfully solicits your opinion and desires your active co-

operation. Will you be kind enough to forward the names of all the medical gentlemen in your district, and also of any that may be engaged in irregular practice. I am, sir,

Your very obedient servant,

(Sgd.) JAMES RATCHFORD DEWOLFE,
Secretary.

The circular was sent to ninety-three practitioners, being all whose address the Secretary could obtain. About seventy replied, all warmly endorsing the proposed organization, and many forwarded their subscriptions at the same time. It is noted in the minutes that Dr. J. H. Slayter, of Halifax, was the first member who paid his dues.

Meetings to complete the organization and to prepare for the annual meeting were held on the 5th and 7th July, on the 1st August and on the 30th September. On the 19th August a printed copy of the constitution and by-laws was sent to all those who requested them, and on the 26th September, notice was sent to every known member of the profession throughout the province and their attendance requested at the annual meeting. A notice of the meeting was also inserted in the newspapers.

Agreeably to announcement, the annual meeting was held on the 5th day of October, 1855, and continued in session until the 11th day of October.

During this period, the industrial exhibition, the first of the kind ever held in a British Colony, was in progress, and offered additional attractions to country members to visit the city.

The first session of the society was held on Oct. 5th, at 3 p. m. at the residence of Dr. James Allan, who lived on the north-west corner of Hollis and Salter streets.

Officers were elected and the President-elect delivered an address.

List of office bearers elected: President, Hon. William Grigor, Halifax; 1st Vice-President, W. J. Almon, Halifax; 2nd Vice-President, A. McDonald, Antigonish; Treasurer, D. McN. Parker, Halifax; Secretary, Jas. R. DeWolfe, Halifax.

Council: F. W. Morris, Halifax; Jas. C. Hume, Halifax; E. F. Harding, Windsor; J. Bernard Gilpin, Halifax; Chas. Bent, Truro; Ed. Jennings, Halifax; R S. Black, Halifax; Godfrey Jacobs, Lunenburg; W. B. Webster, Kentville.

The second and third sessions were devoted to consideration of the constitution and by-laws. At the fourth session the by-laws were again considered. A motion to publish annually the names of the members of the society was adopted. A motion prohibiting members from holding consultations with unqualified practitioners was passed. A paper on placenta prævia, prepared by Dr. Samuel Dennison, of Newport, was read and discussed.

The fifth session was held at the residence of the President, and the whole time was devoted to a general discussion of professional subjects. The final session was devoted to general business.

The attendance may be regarded as satisfactory, when we take into consideration the limited facilities for travelling and the small number of practitioners in the province at that time.

The population of Nova Scotia in 1854 was about three hundred thousand; there was not a mile of railway in operation and there were no local steamers. The number of medical men in the province as far as could be ascertained, was one hundred and fourteen.

Twenty-two attended the meeting and ten were present by proxy, making a total of thirty-two. Eight of the twenty-two actually present came from the country; one came from the remote district of St. Mary's, Guysboro County.

The number who joined the society in 1854 is surprisingly large. I find from various data that sixty-two or over one-half of the profession qualified for membership, eighteen from Halifax and forty-four from outside districts. I have only been able to ascertain the names of forty-five. The only survivors of the original members so far as I know are Dr. Chas. Bent, of Truro, the Honorable D. McN. Parker, of Halifax, and Sir Charles Tupper, the two first mentioned having attended the annual meeting.

MEMBERS OF MEDICAL SOCIETY OF NOVA SCOTIA, 1854.

Allan, James. Halifax.
Almon, W. J., Halifax.
Avery, Jas. F., Halifax.
Bent, Chas., Truro.
Black, R. S., Halifax.
Crane, S. L., Halifax.
Creamer, Jos., Halifax.
Dennison, Jas., Newport.
Dennison, William, Newport.
Dennison, Samuel, Newport.
DesBrisay, T. B., Dartmouth.
DeWolfe, J. R., Halifax.
Elliott, H., St. Mary's.
Forrest, A., Lunenburg.
Fox, John, Windsor.
Fraser, B. D. W., Windsor.
Gilpin, J. B., Halifax.
Grigor, Hon. W., Halifax.
Grigor, W. E., Halifax.
Hamilton, C. C., Cornwallis.
Harding, E. F., Windsor.
Henderson, J. R., Londonderry.
Hume, Jas. C., Halifax
Jacobs, Godfrey, Lunenburg.
Jennings, Edw., Halifax.
Jeans, J. E., Sydney Mines.
Johnson, G. M., Pictou.
Kirby, E., Chester.
Lane, Alex., Mahone Bay.
Leslie, Robert, Annapolis.
Malden, A., Arichat
McDonald, A., Antigonish.
Mitchell, Alex, Halifax.
Mitchell, Samuel, Wallace.
Molloy, P., Halifax.
Morris, F. W., Halifax.
Parker, D. McN., Halifax.
Simpson, E. N., St. Margaret's Bay.
Slayter, J., Halifax.
Steverman, Jos., Lunenburg.
Snider, Geo., Shelburne.
Tupper, Chas., Amherst.
Tupper, Nathan, Amherst.
Webster, W. B., Kentville.
Woodbury, Jonathan, Wilmot.

The financial position of the society at the close of the first year was very good. The total receipts were twenty-seven pounds, the expenditure, seventeen pounds, leaving a balance of ten pounds. For several years after, the usual balance on hand was about twenty pounds.

I have gone into these details mainly for the purpose of showing the thoroughly provincial character of the society when first organized.

As evidence of the continuity of the society from 1854 to the present date, I submit a printed document* which shows the date of the annual meeting in each year, the place where the meeting was held and the principal officers elected, including the President, Vice-Presidents, Secretary and Treasurer. I have omitted the names of the members of Council as this part of the organization was not continued after 1868.

This paper has been compiled from the minute books, supplemented by information derived from the list of officers and members of the society published in Belcher's Almanac from 1857 to 1868, and from other sources.

You will notice that the date of the annual meeting has varied considerably At the first meeting August was selected for subsequent meetings. In 1857, this was changed to March ; in 1861, January was chosen; in 1868, the last week in June was agreed upon, and finally the first Wednesday in July was selected.

Of the fifty annual meetings including the present one, twenty-six have been held at Halifax, five at Truro, three at Pictou, two at Kentville, Amherst, New Glasgow and Antigonish, and one at Windsor, North Sydney, Sydney, Digby, Granville Ferry, Baddeck, Bridgewater and Yarmouth.

Of the Presidents, Dr. R. S. Black was elected five times; Dr. Almon, three times, and Dr. W. J. Almon, D. McN. Parker, C. C. Hamilton, Samuel Muir and W. B. Slayter twice.

Of the Secretaries, Dr. W. S. Muir was elected fifteen times, Dr. John Somers eight times, Dr. J. R. DeWolfe, Dr. Chas. J. Gossip, Dr. H. A. Gordon and Dr. J. W. McDonald each four times. Drs. J. A. Slayter, A. J. Cowie, W. N. Wickwire, A. H. Woodill, T. R. Almon and Chas. D. Rigby held the office for shorter periods.

Among those chosen as office bearers quite a number have obtained distinction in public life, and I trust you will pardon me for mentioning their names. In this I include the names of Sir Chas. Tupper, Sir Frederick Borden, The Hon. D. McN. Parker, The Hon. W. J. Almon, The Hon. Wm. Grigor, Dr. W. B. Webster, Dr. C. C. Hamilton, Dr. Edw. Farrell and Dr. Chas. Cogswell. This may be safely said of all of them that whenever an opportunity presented itself for promoting the interests of the profession they could be relied upon to do so.

Having established the continuity of the Society from its inception to date, I will next show how errors have affected the enumeration of the annual meetings. From 1854 to 1858 the records are clear. Five annual meetings were held. The records for 1859 and 1860 are very incomplete; in fact there are only minutes of one meeting during this period, and to add to the difficulty there is evidence of mutilation, one or two pages having been torn out.

*See Appendix A.

The only proof to support the contention that there was an annual meeting in 1859 is the heading of the minutes just referred to, and some changes in the list of members published in Belcher's Almanac. The minutes read as follows:

March 1589, the sixth annual meeting of the society was held at the Halifax Visiting Dispensary.

The only business recorded concerns regulations for the management of the City Hospital recently established, a letter from the Mayor asking for suggestions having been sent to the society. I consulted Dr. Gossip, of Dartmouth, whose name is twice mentioned in the minutes, about the correctness of the date. He saw at once that the date was wrong. He graduated at Edinburgh in the spring of 1859, and did not return to Halifax until October, so that he could not have been present at a meeting in March.

I next examined the records of the City Council and ascertained that on December 16th, 1859, a resolution was adopted asking the society to suggest regulations for the management of the City Hospital. The society met on December 23rd and on December 26th, a reply was sent to the City Council. This reply sent on December 26th, 1859, is almost an exact copy of the minutes headed March, 1859, and Dr. Gossip's name is twice mentioned as in the minutes.

I conclude therefore that the meeting stated as held in March, 1859, and styled the sixth annual meeting, was a special meeting on Decembe 23rd, 1859.

On comparing the list of officers and members of the society published in Belcher's Almanac in 1859 with those for 1858, I find the officers are the same for the two years. There are some changes in the list of members, but they could have been made by the Secretary without consulting the society. In view of the facts just stated, it cannot be fairly claimed that an annual meeting was held in 1859.

Was there an annual meeting in 1860? There is no reference to that year in the minute book. Possibly the pages torn out may have contained some record, but this can never be determined.

I think, however, that a comparison of the list of officers published in Belcher's Almanac for 1860 with those of the two previous years, afforded sufficient proof to warrant the conclusion that an annual meeting was held in 1860, and Dr. Gossip, who became Secretary in 1861, agrees with me. The President, Vice-President, Treasurer and Secretary are the same as for 1858 and 1859, but the composition of the council shows evidence of change. According to the by-laws, the council was to consist of nine members, three retiring each year by rotation. The members of council for 1859 are the same as for 1858, but in the list for 1860 the names of Drs. Snider, Harding and DesBrisay are replaced by the names of Drs. Hume, Gilpin and Steverman. Now, while it is only reasonable to assume that changes in the list of members could be made by the Secretary, it is scarcely credible

that he could alter the composition of the council. This could only be done at an annual meeting with a quorum, and the fact that such a change did occur is sufficient proof that the sixth annual meeting was held in 1860.

Early in 1861 an act of incorporation was obtained from the Legislature, previous efforts in this direction having failed. The act is a short one, made up of three sections:

STATUTES OF NOVA SCOTIA 1861.

Chapter 69.

AN ACT TO INCORPORATE THE MEDICAL SOCIETY OF NOVA SCOTIA.

(Passed the 28th day of March, A. D., 1862.)

Section 1. Incorporation.
" 2. By-laws valid. To be confirmed by Governor-in-Council.
" 3. Real Estate.

BE IT ENACTED by the Governor-in-Council and Assembly as follows:

1. Rufus S. Black, M. D., James C. Hume, M. D., Ed. Jennings, M. D., Daniel McNeil Parker, M. D., William B. Webster, M. D., and such other persons as now are or hereafter may become members of the society hereby established, their successors or assigns, are created a body corporate by the name of The Medical Society of Nova Scotia.

2. All by-laws and rules of the society already made or hereafter to be made, shall be valid and binding upon the members of the society, provided the same are not repugnant to this Act or to the laws of this province, and provided the same shall have been confirmed by an order of the Governor-in-Council and filed in the Provincial Secretary's office.

3. The company may purchase, take and hold real estate to the value of ten thousand dollars.

The annual meeting of 1861, instead of being called the seventh annual meeting, is styled the first annual meeting of The Incorporated Medical Society of Nova Scotia, a statement, no doubt, correct, but one which ignored the past history of the Society. This error in the enumeration of the annual meetings continues until 1868 when the fourteenth annual meeting was held.

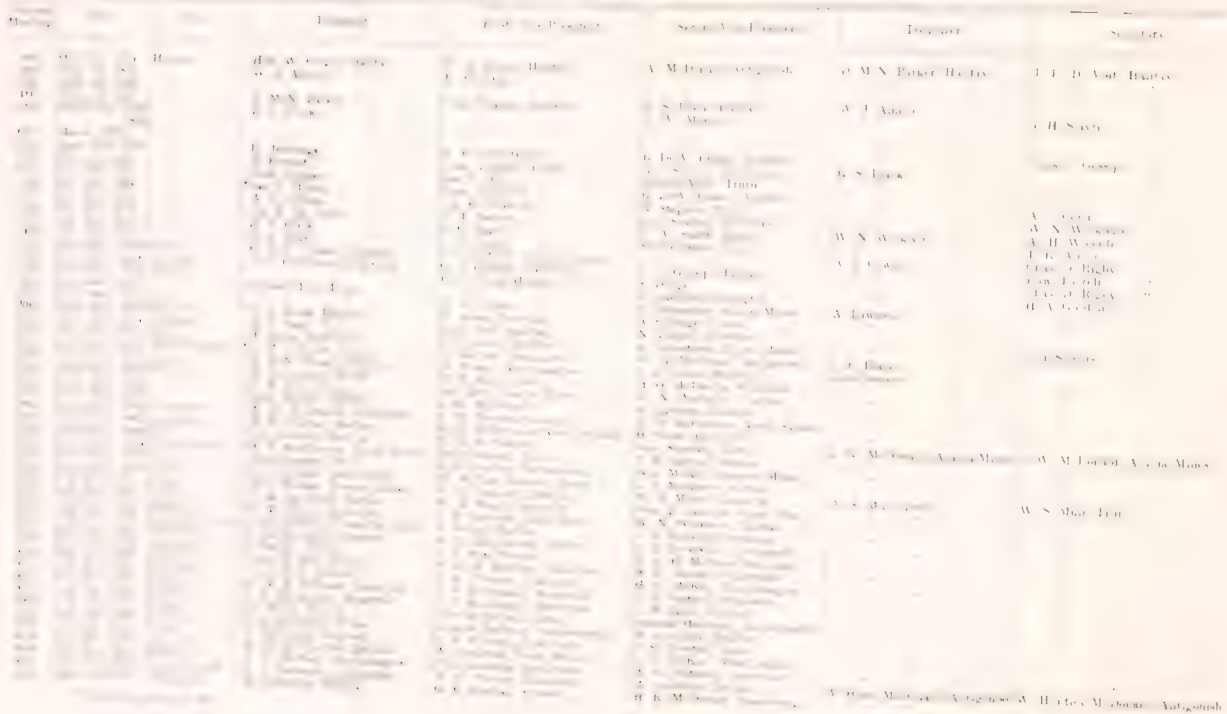
At the fourteenth annual meeting held at Halifax, January 7th, 1868, what was called a re-organization of the Society was effected. The substance of the re-organization was as follows:—Instead of meeting at Halifax at stated intervals, it was decided to hold one yearly meeting at Halifax, or at sone convenient point outside of Halifax, the first meeting to be held at Pictou on the third Wednesday of June, 1868, this meeting to be considered an annual meeting. Office-bearers were to be elected and a revision of the by-laws and constitution to be approved of at this meeting.

Further, it was resolved that the various County Societies organized during the year 1867 should be affiliated with the Provincial organization, which was done.

APPENDIX A

MEDICAL SOCIETY OF NOVA SCOTIA.

NUMBER OF ANNUAL MEETINGS, DATE, PLACE AND OFFICE BEARERS FROM 1854 TO 1903.



According to notice an annual meeting was held at Pictou on the third Wednesday of June, 1868. This we shall reckon on as the fifteenth annual meeting of the Medical Society of Nova Scotia. There are no records of this meeting either in the old or new minute books.* Both books, however, contain so many references to such a meeting that the evidence from these sources alone is conclusive. If we add to this evidence the statement of the list of officers in Belcher's Almanac and the testimony of men still living, there can be no doubt that the Pictou meeting was held. On July 29th, 1869, what is reckoned by me the sixteenth annual meeting, was held at Windsor. B. DeW. Fraser, of that town, appearing as President, being, no doubt, elected to the office at a previous meeting at Pictou. The next annual meeting was held at Halifax June 22nd, 1870. This was styled the third annual meeting of the society, and evidently recognizes the annual meeting held at Pictou in June 1868, but ignores the previous meetings of the society entirely. This is reckoned by me as the seventeenth annual meeting.

It is here well to note that in the revision of the constitution and by-laws made after 1868, the name of the society is changed from The Medical Society of Nova Scotia to The Nova Scotia Medical Society, a change not subsequently approved of by the Governor-in-Council, a decision very fortunate, for if the change had been carried out we would not have been in possession of the Cogswell bequest of five thousand dollars.

As there is no question as to the continuity of the annual meetings subsequent to 1868, I think that I am justified in the conclusion that the present meeting is the 36th, as dated from the Pictou meeting in 1868, and the 50th as dated from the organization meeting at Halifax in 1854.

In conclusion it is only just to the past officers of the society to state that the confusion which has arisen in the records was due to the disappearance of the first minute book shortly after 1868, and which was only recovered a short time ago.

APPENDIX B.

TRURO, June 16th, 1903.

D. A. CAMPBELL, ESQ., M. D.

Dear Sir,—I am in receipt of yours of the 5th inst., and note its contents.

I am glad you are preparing an account of the Medical Society of N. S., to be read at the next annual meeting at Antigonish.

I was present, as you remark, at the organization of it in 1854, and I am pleased to give you what little I can recall to mind respecting it. Owing to the difficulty of reaching Halifax at that time, as the stage

*I have since learned that the minutes of this meeting are recorded in the minute book of the Pictou County Medical Society.

coach was the only way of travelling, it was hard to induce representatives from the country districts to attend the meetings held there. It was a day's journey from here and it took three days at least to attend a meeting then, which can be done in one now, and therefore the first meeting consisted chiefly of the local doctors—Hon. Dr. Parker, Almon, Black, Grigor, Hume, Allen, Jennings and a few others.

Of course, the first meeting was altogether of a business nature. The Honorable Dr. Grigor was chosen its President. Dr. Avery, who was not present, sent a message to say that although he was not in active practice, he wished the society every success. He was elected an honorary member.

The President made some appropriate remarks and was followed by Drs. Parker, Almon and others on the benefits arising from the meeting together of the members of the profession. Altogether it was a harmonious and pleasant meeting.

It was at a subsequent meeting that it was proposed to hold the annual meetings in the different towns in the province, so as to accommodate those living out-side of the city. This change was the means of inducing many to join and take part in its proceedings. The society has had its ups and downs.

Since 1854 Medical Societies have been organized in some of the towns throughout the province. Colchester can boast of having a very successful one and almost as well represented at some of its meetings as was the one at the organization of the N. S. Medical Society.

In 1854 six doctors did all the practice in the county of Colchester; to-day there are twenty-six occupying the same field with not much increase of population. The last census gave about 26,000 for the county, showing a decrease from the previous one.

1854 was an eventful year for Halifax and for the province, as it marked the beginning of the construction of what is now one of the greatest railway systems of the world.

Men were at work on the first four mile section which had been let by the Government, but it was not till 1858 that the road was opened to Truro.

Yours very truly,
CHARLES BENT.

DARTMOUTH, N. S., July 23rd, 1903.

MY DEAR CAMPBELL,—I return you the address read by you at Antigonish, in which you have, I think, settled the question as to the time of the organization of the Nova Scotia Medical Society most satisfactorily. Beyond all doubt its birth occurred in October, 1854. You mentioned in your first letter to me that its organization took place when a Provincial exhibition was being held in Halifax. I recollect the occasion.

Now I will try and repeat what I said about Grigor in the last letter.

His christian name was William. My impression is that he was not an M. D. but a surgeon of Edinburgh. Nearly all the men holding this qualification either from a Scotch, Irish or London Medical School were called then, as now, "*doctors.*" Grigor was a large, fine looking man, of "good address," of literary tastes, and a "born" artist.

He married the daughter of the *Senior* James Foreman. (Three of this family were thus called – Grigor's father-in-law, James Foreman, of the Bank of Nova Scotia, and my old school fellow, the distinguished railway engineer, of Glasgow.) Grigor was a progressive man; I use this term in a general sense. Thoroughly Scotch, and taking him all in all, was a good citizen and a genial companion.

He was more of a physician than a surgeon, but was well informed in both branches of the profession.

For many years he had charge of the first Halifax Dispensary, a very small affair, the annual income of which did not exceed more than $250 or $300. It was situated on Granville street, immediately in the rear of the Bank of Montreal, which faces on Hollis street.

There was but one room, about 15x15 feet, for patients, doctors and drugs. This structure was erected when Cornwallis took possession of what is now known as Halifax, and was the domicile probably of some well known family of that period. When Grigor stood erect with his hat on he must have been brought in close contact with the ceiling. At his solicitation, I joined him as a dispensary doctor. The field was small, but occasionally interesting and instructive cases would drift in upon us, and we would thus be repaid for the many hours spent in this insignificant institution "waiting for something to turn up."

Grigor was a Liberal in politics and a warm friend of Howe's. He obtained a seat in the Legislative Council under peculiar circumstances, politically speaking. The times were exciting. Responsible government was before the people, and in the Assembly the majority was decidedly with Howe, but he wanted a single vote in the Upper House to carry his measure. The vacancy was under Howe's control, and he had appointed Mr. McKeen, of Mabou, the father of the present Senator and of Dr. McKeen, of Cape Breton.

It was winter and a terrible snow storm and blizzard most inopportunely visited the whole eastern section of our province, stopping all travel and mail communications for three weeks or thereabout.

McKeen reached the Strait of Canso and was there held up for that time. The Government was in a serious dilemma. The Legislative Council had exhausted their speeching powers, that is to say, those on Howe's side, and the hour for taking the vote was just at hand, when Grigor was handed a commission and directed to present it to the

President without delay. He obeyed orders, the commission was réad, the oath was taken and his seat was secured. He made a brief speech, and then followed the division. Amidst great excitement the measure was thus carried by Howe's friend.

McKeen returned from the Strait of Canso to his home, but had only to wait a few months before a seat in the Council was arranged for him.

I am, yours faithfully,

D. McN. Parker.

ACUTE INVERSION OF THE UTERUS COMPLICATING LABOUR.*

By C. P. Bissett, M. D., St. Peter's, C. B.

Acute inversion of the uterus complicating labour is a rare condition. Comparatively few cases have been recorded in the history of medicine in this Province. In the fourth edition of Galabin's Midwifery it is described as "very rare," only one case having occurred in 190,000 deliveries at the Rotunda Lying-in Hospital, Dublin. It is to be remembered that these statistics are compiled from the records of an institution where every case was under skilled direction from the onset of labour. I shall, before discussing the causes and treatment of this truly formidable accident, present to you the history of five cases in which it happened, three of which were in unskilled hands, and two under the care of gentlemen the mention of whose names will be evidence that it can and does occur, even when the patient is placed under the most favoured conditions of experienced attendance.

These cases have all occurred within twenty years, and, so far as I am aware, are the only ones recorded in this Province. The inference is that acute inversion of the uterus is not so rare a condition as one would be led to think from an examination of the ordinary texts, and I am of the opinion that if all cases were recorded, the possibility of such a complication would be more in our minds than it usually is.

The second stage of labour completed, post-partum hæmorrhage we dread and guard against, whilst inversion, an incomparably more serious matter, is never thought of.

The first case I shall present to you is that recorded by Dr. McKeen, and, if I remember correctly, reported to this Society some years ago.

"This case was that of a multipara, healthy, attended by a midwife. The child was of normal size, and born after a short labor. I found the woman flooding. The placenta was partly through the vulva. On applying my hand to the fundus, I noticed a cupping, which I realized was the beginning of inversion. I tried to pass by the placenta to prevent this, but before I had passed, the interval of a severe pain came on, and the whole uterus shot out into the bed. The placenta was not all detached. There was immediate syncope and free bleeding. I rapidly stripped off the placenta, grasped the uterus, and replaced it with comparative ease, held my hand until firm contraction was secured, then turned in hot water. The woman was very weak for some hours, and made a good recovery. The temperature went up, but was never alarming. I afterwards learned that the midwife began *traction on the cord before pains came on.*"

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July 2nd, 1903.

The following is the history of a case seen by Dr. John McDonald, of St. Peters, almost immediately after the accident.

"The pains had been severe with rapid delivery, the cord around the neck and chest. On attempting to remove the turns, I was informed, a tumor the size of a tea pot appeared externally, in which condition I saw it. The patient was exhausted, the placenta still partly attached. I detached it and replaced the uterus by pressure upon the fundus.

"Injections of brandy and strychnine were repeatedly used to overcome shock. Antiseptic douches were also employed. This patient made a very tedious recovery."

Dr. Fixott's Cases: "I was summoned to attend a patient in labor July 23rd, 1901, whom I delivered of twins, May 1900. Finding the symptoms only premonitory and the patient's general condition satisfactory, I determined on returning home, and gave instructions to send for me when actual labor commenced. Was telephoned for next day (24th) 2 p. m. Nothing unusual attracted my attention except the final pain which was almost continuous until the foetus was expelled, then an interval (hardly perceptible) quickly followed by a long bearing down pain ending in the expulsion of the completel inverted uterus. I was in the act of tying the cord when the accident happened and thought it was only the placenta that was expelled until I examined, when I found the inversion with the placenta attached to the organ. The patient's condition being alarming, I immediately (after giving a stimulant) proceeded to detach the placenta and replace the uterus before it became strangled in its neck. I had not much difficulty in the operation, which I performed by grasping the fundus and squeezing it to reduce its volume, then pressing gently upwards while I pressed downwards with the other hand. After replacing the fundus I kept my hand in the uterus, ordered my syringe and a large pitcher of hot water, directed the tip of syringe to my hand in the uterus then injected the water for the double purpose of cleansing and arresting hæmorrhage. After some time contraction came on and my hand was expelled. My patient, although very much prostrated for some time, ultimately did well, and is at this date enjoying her usual health. As to the cause, I will not venture to explain. Perhaps the violent expulsive efforts preceding and accompanying the inversion, with atonic condition of the os, for I had no trouble in getting the fundus through it. *The funis, which was twisted many times around the neck*, may also have helped. The patient has a large pelvis and is of generally relaxed habit."

My own cases.—In February, 1891, I received an urgent request to attend a patient (multipara) in labour, five miles from my home. I happened at that moment to be in a carriage and proceeded at once, arriving at the bedside of my patient within thirty minutes to find her dead. Upon examination, the uterus was discovered inverted,

the placenta still almost completely attached. I detached the placenta and replaced the uterus with little difficulty. There was but little hæmorrhage; the woman evidently died of intense shock. I questioned the attendants who informed me that the midwife, shortly after the child was born, had made *traction on the cord with the result just stated.* This patient lived some twenty minutes only after the inversion.

In 1895, I was asked to see a woman thirty-two years of age, the mother of several children, and in her fourth or fifth labour. I was told that the child was born, but that something, they knew not what, had gone wrong. I found the woman in a state of utter collapse, the uterus with placenta still partially attached completely inverted. I detached the placenta, using the tubing of a Davidson syringe as a temporary torniquet about the upper part of the mass, for in this case there was free bleeding. I had much difficulty in replacing the uterus and I dared not administer an anaesthetic to relax the contracted os, but happily, at the moment I thought the woman dead, it slipped back with a sensible, almost audible snap. The inversion in this case had lasted some four hours. The patient made a tedious recovery. Traction upon the cord was employed to facilitate delivery of the placenta, as is the almost universal practice among unskilled midwives.

So long ago as the year 1743, a very accurate description of this condition, with plates, was published in Heister's work on General Surgery, printed at Helmstadt, at the University of which he was Professor of Surgery, in that year, in Latin, and afterwards translated for use in England, where his writings found much favour. Speaking of this condition he says: "Nor is this disorder hardly ever observed but when the uterus is forced down together with the secundines, or after very difficult labor, whereby the os uteri internum is so much dilated as easily to transmit the body of the womb through itself, especially when the throws continue violent some time after the birth. But whatever be the cause of the disorder, if the uterus is not speedily reduced to its natural situation the case soon becomes past cure and kills the patient as is justly observed by the fore mentioned authors, and therefore no time should be lost before the patient is relieved."

Thomas Denman, writing in 1801, speaks of inversion as follows: "In every case in which there was reason to suspect this terrible accident, especially when it had been found necessary to extract the placenta by art, we were advised to apply the hand to the abdomen for the purpose of trying whether the tumour of the contracted uterus could be felt, and if there was any remaining doubt, to examine per vaginam. When it is inverted, instead of feeling through the integuments the contracted uterus, there is a considerable vacuity at the lower part of the abdomen, which gives sufficient reason to suspect the inversion, and the latter examination proves it. In one case which

was under the care of a person who might have been allowed to be a competent judge and expected to act more wisely, when he applied his hand to the abdomen, the recession of the inverting uterus was mistaken for its contraction, and it was actually inverted, though he entertained no suspicion of what had happened."

With respect to the causes of the inversion, it has been generally attributed solely to the force used in pulling by the funis, in order to bring away a retained placenta. But there is reason to believe that the uterus has been inverted, when on account of a hæmorrhage or some other urgent symptom, the hand has been introduced into the uterus while in a collapsed or wholly uncontracted state, and the placenta being withdrawn before it was perfectly loosened, the fundus of the uterus has unexpectedly followed, and a complete inversion been occasioned. I have also been assured that in some cases there has been a spontaneous inversion, that the accident happened, at least when no force, or none capable of producing the effect, had been used, and then it was imputed to the shortness of the funis, giving the disposition before the birth of the child, or to some untoward action of the uterus. But with this assurance, or explanation, I do not feel quite satisfied, because the degrees of force must always be vaguely estimated, though if a disposition to an inversion be first given by the force used in pulling by the funis, it may be completed by the action of the uterus, or if the least possible degree of inversion were given by the shortened funis, it might certainly be completed by a very slight additional force in pulling by the funis.

An analysis of the cases presented reveals that in the cases reported by Drs. McDonald and Fixott, the cord was engaged about the neck, while in the three reported by Dr. McKeen and myself, traction upon the cord was employed to effect delivery of the placenta. I was taught and still think that this is a method to be condemned. If the placenta be still above the os, even if wholly detached, it is not likely to be dislodged by traction upon the cord, and where it does succeed the probability is that the placenta was already well through the os. Under those circumstances seizure of the placenta by its presenting border would be much more satisfactory. Suppose the placenta still adherent to the fundus uteri. If the uterus be contracted, traction upon the cord even to the point of rupture, is not likely to produce the slightest effect in removing it. Let us consider the case, as often happens, in which the uterus relaxes to a great degree after completion of the second stage of labour. Traction on the cord under these circumstances would naturally tend to initiate a state likely to end in complete inversion.

It is difficult to conceive how the uterus, acting of itself, could become inverted. Instances of this kind have been noted, but I am still convinced that some extraneous force must have been operative to start the process. In cases where the cord is unusually short or coil-

ed about the neck, the mere weight of the child, if the uterus relax after completion of the second stage, or traction to disengage the turns may ultimately result in inversion.

There is still another method by which it can readily be conceived how inversion could be produced. At the present time, when we are perhaps in too great haste to complete the third stage, wrongful employment of the admirable method of Credé for expulsion of the uterus, may so result.

If hæmorrhage be in progress, with its necessary accompaniment relaxation of the uterine wall, hurried ill-directed attempts to employ the method of Credé, may produce inversion. For if general uterine contraction be not first secured, pressure upon the fundus might bring that part within a zone of active contraction and so produce this accident. The same is true of hurried efforts to extract the placenta when difficulty is experienced in detaching it from the uterine wall.

In commenting on the reported cases, I have thus incidentally made mention of the causes of acute inversion of the uterus. It remains now to speak of the treatment, and here I shall be brief, lest I weary you. In the hands of the physician this accident will scarcely ever occur. The left hand placed upon the fundus will discover its normal form and position, and under these conditions, the third stage complete, we shall have nothing to fear. Truly a little prevention is, in this "disorder," as Heister terms it, better than much cure. But as we shall sometimes find ourselves confronted with the task of reducing an acute inversion, I shall now state what I consider a fair, general method of procedure which would, of course, be varied to suit the particular case.

The placenta should be stripped to reduce the bulk of the tumor, before doing which I found it serviceable, to have about its neck, one turn of an elastic tourniquet, which may be removed so soon as considerable pressure is exerted upon the mass. Counter pressure should be made from above. Generally, judging from the case I saw, I do not think it would be advisable to attempt the use of an anaesthetic, and besides, the patient is likely to be in a condition, so far as relaxation is concerned, not much to be improved by anaesthesia. In very recent cases, this procedure is most likely to be at once successful, as in the cases of Drs. Fixott, McDonald and McKeen. If the inversion have persisted some time, with greater or less engorgement of the partly strangulated mass, the general bulk of the uterus might be much diminished by first strapping it tightly with a rubber bandage. Should all other means fail and the patient still live, abdominal section with manual dilation of the inverted os would make reduction possible in almost every case.

Recovery is likely to be tedious when it does follow this mishap, because of the profound shock, and infection likely to follow the manipulation to which the uterus is exposed.

In the presence of this formidable accident we should be animated by the hope that prompt and determined effort will probably be crowned with success.

TOXIC HÆMOGLOBINURIA.*

By J. L. Churchill, M. D., Isaac's Harbor, N. S.

In presenting before a society of this character and calibre the subject with which my name is connected on the programme, I am aware that I subject myself to an accusation of temerity inasmuch as the condition to be discussed is one which should be left perhaps to another more familiar with laboratory methods and possessed of the necessary paraphernalia to make definite and proper investigations.

Yet, the case which I have the honor to bring before you, will, I am sure, prove interesting, and may be in the future, instructive to some in view of the fact that smelting and reduction plants are far from uncommon in these provinces at the present time, and are accordingly a causative factor in the psroduction of diseases hitherto not encountered by the practising profesion.

Under certain circumstances the hæmoglobin of the blood may become severed from the corpuscles and cause a decolorization of the latter producing a condition termed shadow corpuscles, and at times a division into varied shapes of the cell body results as well.

It is generally conceded that there is normally a hæmocytolysis taking place within the body, the liver especially; bilirubin, which occurs in the bile, being accounted for by the conversion of hæmoglobin, and as hæmosiderin that which contains the largest amount of iron. The remainder of the separated hæmoglobin is stored up in the liver, glands, spleen and bone marrow from which, as store houses, the red blood corpuscles are furnished as the demands are made for increased supply. It is when large quantities of hæmoglobin are liberated that the condition assumes pathological importance; the excessive disruption of the blood cell freeing hæmoglobin in greater quantity than can be picked up by the glandular structure, produces, by excretion with the urinary elements, the condition termed *hæmoglobinuria.*

The urine thereupon presents a decidedly altered appearance, due to the presence, not exactly of hæmoglobin, but the investigators tell us of met-hæmoglobin, and as the spectroscopic test shows most frequently the three absorption bands of met-hæmoglobin, this view would seem to be upheld.

There is recognized a form of this malady occurring paroxysmally, the basic pathology of which is subject to conjecture, but as before intimated, it is with that expression of cause and effect in a form known as toxic hæmoglobinuria that we are at this time especially concerned.

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July 1st, 1903.

Certain agencies when taken in sufficient dosage, produce a rapid dissolution of the blood corpuscles, among which are potassium chlorate, carbolic acid, arseniuretted hydrogen, pyrogallic acid, and in view of the fact that the coal tar products are so extensively prescribed, it is well to know that acetanilid and antipyrine are capable of producing like baneful effects.

The poisons of scarlet fever, typhoid and syphilis are at times also accountable for a like manifestation. Finally burns and exposure to cold have been blamed as causative factors, the validity of which has not been satisfactorily proven.

The disease makes its appearance (excepting of course symptoms due to the general action of a given poison) without premonitory signs of a striking character. There may be headache, occasional vomiting and anorexia, the passage of altered urine varying in shade from dark brook water to a deep port wine, is the only characteristic symptom and that for which the one attacked seeks explanation and relief. In quantity and frequency of micturition there may be no departure from the normal. Sometimes there is a decrease and at others the urine is greatly increased in amount. Examination reveals an abundance of albuminous material, which on the application of heat or contact with nitric acid, is found to be readily coagulable. Spectroscopic examination shows the absorption bands of met-hæmoglobin. Microscopic examination is valuable from a negative standpoint, inasmuch as blood corpuscles are found to be wanting or occurring but rarely, with small collections of granular pigment. The blood itself may show alteration, notably the transformation into shadows of their former selves of numerous red blood cells. The hæmoglobinometer shows a reduction in hæmoglobin.

Given a case when direct exposure to an element known to be causative of this condition the conclusion a priori is warranted that in all probability one has to deal with hæmoglobin as a foreign substance in the urine. But when the antecedent factors productive of the condition of port wine urine are unsuspected and only discoverable after investigation, the diagnosis rests upon urinary examination. The microscope will readily determine between hæmaturia and hæmoglobinuria, red blood corpuscles appearing in numbers in the former, while in the latter affection they seldom or never occur.

Referring to prognosis, it is needless to remark that the outlook depends upon the degree of injury produced by the poison and before general systemic involvement.

Before narrating the circumstances attending the following illustrative case, I wish to express regret that direct blood examinations could not have been made, but being unprovided with apparatus, I was unable to observe hæmoglobin decrease or note alteration quantitatively of the red blood cells. In November last I was summoned to attend an employee of the Richardson mine engaged in the cyaniding end of the proposition.

The treatment of the tailings, as the sands escaping from a quartz mill are called, involves a solution and precipitation of the gold contained in the pulverised ore. As a final measure, after the dissolved gold is caught up again with zinc shavings, the product is thrown into a vat and treated with sulphuric acid, which separates the gold with loose metals from the zinc, throwing down soluble zinc sulphate. As the ore bodies so treated contain a large amount of sulph-arsenide of iron, there is generated in varying quantities the noxious and deadly gas arseniuretted hydrogen. And in the necessary manipulation great care must be exercised lest this vapor be inhaled.

Having been engaged in connection with this part of the process for a couple of days with less care than he had ordinarily employed, my patient related to me that he felt a trifle languid, vague pains in the back and headache of moderate severity. His attention was arrested on rising from bed a day or two after the prodromota, by passing into the urinal bloody urine, and on my arrival shortly afterwards, told me that he had to micturate every hour or thereabout and the quantity which he had collected certainly indicated a copious excretion as well.

Having at the time a vague notion of the chemical conditions attending his work, I was inclined to the view that I was opposed to a case of hæmaturia. But on close observation an icteroid condition of the skin manifested itself, giving clinical evidence of the existence of jaundice presumably of hæmatogenous origin, and accordingly concluded that the urinary appearance depended upon corpuscular disintegration as well. Moreover, the general symptomatology did not indicate a condition based upon such excessive hæmorrhage as the contents of the urinal would at first seem to imply. Also the pulse was slightly accelerated and temperature elevated to 100°F, due perhaps to disturbance within the leucocytes with establishment of ferment intoxication.

The urine on examination presented interesting features. Of a deep port wine shade, it deposited, on standing, a heavy brownish sediment; specific gravity 1025 ; reaction apparently neutral. Upon application of heat coagulation occurred, as it did upon the addition of nitric acid. Under the microscope, examination of several slides failed to show the presence of corpuscles, but an occasional hyaline cast and granular matter were detected.

It may be said, by the way, that the general condition of the patient was good and save for psychic unrest he suffered no particular inconvenience excepting a degree of weakness, especially on attempting to walk across the floor.

Headache complained of at first soon disappeared and was doubtless a result of toxæmia with defective elimination. Jaundice gradually faded and in a week was able to leave his bed, feeling a trifle "weak at the knees," as he expressed it, with a moderate grade of dyspnœa upon extra effort, all of which entirely vanished at the end of a fortnight.

Treatment consisted in the administration of hot drinks, chiefly milk, to which was added every four hours for the first day, a tablespoonful of bovinine. Tincture of the perchloride of iron was given in 20 minim doses every three hours. There seemed to be at first a relaxation of the arterioles indicated by a clammy moisture, for which, as a vaso-motor tonic, atropine sulphate gr. $\frac{1}{75}$ was given three times a day. Bowels were kept free with salines and a tablet of sulpho-carbolates for intestinal antisepsis was also added. As the urine returned to normal, or nearly so, a more liberal diet was instituted. During convalescence, tonic regimen was followed, the basis of which was free administration of stychnine and iron.

MILITARY DRILL IN THE PUBLIC SCHOOLS.

By W. E. Outhet, M. A., (Dal.) Melvern Square, N. S., formerly Vice-Principal of Kentville Academey.

The wave of patriotic feeling that surged over our empire during the South African war, and which bore upon its crest thousands of our young men to do and suffer upon the veldt for—they scarce knew what, has at length receded, and our national life ebbs and flows at its normal level. But although the flood has passed, it has left behind a rich deposit of broader ideas and nobler purposes to fertilize and revivify our national thought. Not the least of the fructifying influences is the increased attention given to military drill in the public schools.

In the old land, as well as in the new, much attention is being given to this hitherto neglected subject of study. A royal commission which enquired into the state of secondary education in Scotland a few years ago found that in every case where drill was practiced in the school, the evidence was largely in favour of it. True, there was some evidence in opposition to drill, given by certain masters who alleged that it would interfere with the more purely mental work of the pupils by taking a part of their time, and they had therefore not adopted it in the schools under them. As these witnesses had not tested the drill, however, their evidence can be set aside as a mere guess. The evidence from those schools into which military drill had been introduced was, on the other hand, unanimous in the declaration that besides the physical benefits derived by from three to five hours per week of drill, the amount of mental work overtaken was as great and better in quality than when the full time was spent in the so-called purely mental studies.

In Canadian schools, military drill, although receiving more attention than hitherto, is still in the experimental stage. The requirements so far, however, point to this class of work as a very important factor in education. It is an indisputable fact that pupils who have become dull and listless from poring over mathematics or classics, will return to their work with renewed vigor and with faces light and bright after ten minutes spent in physical drill. And I am convinced, after some trial, that at least a half hour per day spent in military drill upon the school ground or common will not interfere with the ordinary school work, but the rejuvenating influence of the exercise upon the pupils will be such that they will accomplish more in the remaining time than if they were chained to their desks for the

whole session. These, however, are negative blessings. But no subject should win for itself a place upon our curricula merely for what it would not do. Has this drill any educational advantages which would entitle it to a place as a subject of study? I believe it has.

Among the products of our modern school-room are rounded and stooping shoulders, narrow and concave chests, shortened and catchy breathing, and a general listless and wobbly gait, as if our present day pupil were supported by two bits of fire-hose, two or three feet long, instead of a pair of good stout legs of bone and muscle. The sturdy Canadian youths that we read and sing about are becoming largely a figment of the imagination or a memory of the past, and in their stead is growing up a race of anæmic, fish-like girls and round-shouldered, weak-kneed boys. These evils a thorough course in physical and military drill would do much to prevent and overcome. Backs would be straightened, limbs strengthened, breathing made deeper and fuller, and the warm blood sent bounding through an erect and sturdy body. Would it not be glorious to introduce into our public schools a study which would send out classes of erect, brisk, happy girls and boys instead of knots of little old men and women, dragging their limbs after them and looking as if the burden of this world's affairs were too great for them to bear? The school-room is supposed to give the pupil a preparation for the affairs of after life. But surely a pre-disposition to spinal curvature or pulmonary consumption is but a sorry preparation for life's battles.

The effect of military drill and physical training is not confined, however, to the physical alone. It also has its influence on the mental life of the pupil. We have not yet traced out the subtle connexion between brain and mind, but we know that such connexion exists. A diseased or disordered brain is accompanied by a deranged mind; a healthy, well-matured brain is the accompaniment of a sane and vigorous mind. When the pupil pores over his or her work for hours, the breathing is restrained, the blood is not properly ærated, the veins of the head and neck become congested, the brain is clogged with waste matter, and the mind fails to grasp the subject in hand. Anyone who has seen the dull, apathetic appearance, the glazed eye and listless attitude of a class after an hour's work in mathematics, and who has seen the same class after ten minutes of physical drill and fresh air return to their school with bright eyes and glowing cheeks, must thereafter be an advocate of drill in schools. Especially will this be true when they notice that problems which were impossible to the pupil in the dazed state induced by their hour's mental work, were easily grasped after a few minutes of physical recreation. This is no new philosophic dream, but is a fact established by experi-

ence, and is ground for the assertion that more mental work can be accomplished by the judicious intermingling of military and physical drill than by spending the whole of the school time upon the mental rack.

In addition to the physical and mental advantages arising from a course in military drill, there are also decided moral advantages. After a few weeks of drill with a class from 12 to 14 years old, there was a marked improvement not only in the carriage but also in the conduct of the pupils: their obedience was more prompt and their performance more precise than formerly. And I am convinced that the promptness of thought and execution required by a course of military training must have its influence in moulding the whole character, and will do much to counteract that habit of vacillation and mental indecision that is productive of more evil than positive inclination toward ill-doing.

These, then, are some of the reasons for the introduction of a course of military drill into our schools. Of what should this drill consist?

The drill may be divided into two parts, physical exercise and military practice. Although all the exercises should be carried on as much as possible in the open air, a great deal of the physical work is suitable for the school-room, and every session of more than an hour's length should have in the middle of it a ten minutes' break, during which the windows are thrown wide open, and the pupils put through a series of lively exercises. In addition to this, a half-hour every day, or its equivalent every alternate day, should be spent in the yard or on the common, when both the military drill and the physical exercise would be taken up. Care must be taken during the physical work that the exercise of any one set of muscles is not sufficiently prolonged to produce strain.

As to the procedure for different ages, it is difficult to lay down exact rules. For very young children the kindergarten games and songs are probably sufficient. After they are done with these games, I would give them the swinging motions of the physical drill and relative work, the simple turnings of the squad drill, and some little marching to music. At the age of ten or eleven I would introduce the easier bending and stretching positions, and continue the squad drill, introducing the dummy rifle at about fourteen, so that at fifteen the pupils can perform the greater part of the physical drill and are well grounded in squad and company drill and the manual.

At fifteenr, ifles should be issued and the boys organized into cadet companies, and be brought under military law as well as discipline. They should now be advanced to field work, attack and defence, etc., and, if convenient, should be attached to some regiment, so that they could have some exercise in battalion drill for a day or two each year

at the annual camp. I would also advocate cadet camps of from ten to twenty days' duration, where the cadets from different schools would be brought together and the strictest military discipline enforced. This would enable the youth of eighteen who joins a militia corps to do so with some intelligence, and he would be able to get some advantage from his annual training, instead of spending the greater part of his term of service in learning to turn about to the right. And it would enable a young man who does not join a militia corps to be erect and straight in body and mind, and to look his fellow-men in the eyes. We don't want a standing army. We do, however, want a population who, if called into service, can stand, and are not lopping in all directions, like the timbers of a western town after a cyclone.

A very pertinent question here would be, "To what extent do the girls partake of this drill?" Up to the age of fifteen I would have them perform exactly the same work as the boys. Although they are, perhaps, not so much in need of this work from a mental point of view, they are certainly as much in need of the moral and physical training as their brothers. It is a rare thing now-a-days to see a girl who can move about as though her body and limbs were parts of one grand and perfect machine. The modern girl makes progress through space by a series of flaps and twists of the body, each succeeded by a tortuous dragging of the feet to some new, but definite position. I would aim to give enough of drill so that the high-school girl may learn to lift her feet cleanly up, put them firmly down; and to carry her body steady and her head erect. As we can scarce yet expect departmental aid to cadet companies of girls, I would separate the boys and girls at fifteen. I would, however, continue the work with the girls, either in gymnasia or in companies to perform the lighter parts of field work, as in "extended order," &c,

But I already see some "Mother in Israel" holding up her hands in holy horror and exclaiming that we would make Amazons of her daughters. There is little danger from this source. But granting the Amazonian tendency, I would shew you two pictures.

The one is a bronzed, red cheeked maiden, with straight well-rounded limbs, an erect carriage and elastic gait. Often in the afternoon you see her on a good horse clattering along the road. Her hat has got slightly awry and her hair a little deranged, but her clean skin and laughing eye shew that neither her liver nor her temper are out of plumb. On a holiday she puts on a short skirt, stout boots and leggings, and accompanies her brother with rod or gun. She can easily bring down a partridge with her own hand, and can generally dress it when she gets home.

This other young lady is the product of the one-idea system. Her brain is crammed with half-digested ideas and impure blood. In the afternoon she sits with colorless cheek and lustreless eye poring over the latest sensational feminine novel, which, if she is highly accomplished, is written in French. When the broken-hearted heroine waxes vehement in her protestations, a few drops of water exude from the reader's eyes and she congratulates herself on having a sympathetic nature. In the meantime her mother is down in the laundry ironing a shirtwaist for her to wear the next afternoon. In the evening she entertains with a series of giggles, punctuated with quotations from the book she has been reading, a callow invertebrate youth who ogles and simpers in return, or talks alternate layers of ancient mythology and modern tomfoolery, with the same profound lack of originality and common sense. There are worse dangers than the Amazonian.

In the foregoing, little stress has been laid on the advantages of this course from a military point of view. These are so obvious that to the minds of some there will be the danger of leading to militarism. I do not think this fear is well founded. "The best way to cure a boy of wanting to run away and go to sea, is to let him run away and go to sea." So the best way to treat a boy who wants to be a soldier is to give him a taste of soldiering in his youth. It may not cure him, but it will settle him. The aim of our public school education is not to make soldiers any more than it is to make farmers or dressmakers, doctors or stenographers. The aim of education is or should be to develop in boys and girls, young men and maidens, clear minds and pure souls to appreciate and grapple with the situations and problems of life as they may arise, giving them strength of purpose to finish their fights with fate: and also to furnish each with a sound well-ordered and substantial engine for the transportation and preservation of the mind and soul.

When our educators learn that the eternal cramming system defeats its own purpose: when they see that fresh air, good light and pure blood are as necessary as steam heat, modern maps and correct pronunciation: when they find that a good digestion is necessary to a clear perception: when, in short, they become aware that the connexion of mind and body, which cannot be traced with the finest microscope, is yet so evident that while Dr. Jekyl is a man of noble mien, Mr. Hyde is always represented as shrunken and malformed—when they learn all this they will commence to educate the body to accompany the mind, and we will see physical as well as classical experts in our schools, while Cruden will be a true yoke-fellow of Euclid.

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CÆSARIAN SECTION WITH REPORT OF CASE.*

By Joseph Hayes, M. D., Parrsboro, N. S.

In presenting to you the report of my case of Cæsarean section, it is not my intention to go into the history or technic of the subject in general, but rather to emphasize a few practical questions involved in connection with one of the most melancholy propositions with which a physician can be confronted, namely, the sudden death of his patient during pregnancy or parturition.

During this period of anxious expectation on the part of family and friends, who are filled with apprehension concerning the safety of the one who is passing through the ordeal of her life, and in eager anticipation of the new arrival, when one is suddenly called upon to announce that the patient is either dead or dying, and that there is absolutely no hope, he becomes a participant in the most melancholy drama one could well contemplate.

When the last measure has been exhausted, and the physician is compelled to stand by and witness the last glimmering spark of life flickering out, he is overwhelmed with the thought that on the mere threshold of life, with all its grand possibilities yet before it, there are little hands stretched out for aid, which he alone can give, and successful delivery under such circumstances can bring to the home the only ray of sunshine capable of eminating from such dark surroundings, and as natural methods are out of the question, the abdominal section alone presents itself for consideration. But here the physician's nerve too often fails, for he already realizes that he is to be the object of ridicule and contempt in the eyes of many of the general public on account of the tragic circumstances through which he has passed, for a certain amount of blame is attached to the physician who is unfortunate enough to meet such a case in general practice, however skilfully he may have handled it, and he shrinks from the risk of adding to this an unsuccessful attempt to save the child, after, as so

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July 2nd, 1903.

many would not scruple to say, butchering the woman. However, the duty of the physician is plain, and in every such case an attempt should be made to save the child, and what is to be done must be done quickly, as a delay of a minute and a half or two minutes would decide the case against him, and stamp his efforts with failure.

I will now detail to you the case which came under my own observation about two years ago.

Mrs. C, aged 28, primipara. Living in a country town 13 miles distant from my office.

I first saw her on May 25th, 1901, being called in while passing, by the patient herself, who stated that she was seven months pregnant, and had never felt better in her life, and took long walks every day, but that her mother had urged her to consult me about a slight dimness of vision with which she had been troubled for some little time. I could find no evidence of œdema of the eyes, hands or feet, but of course suspected at once some kidney complication and asked for a sample of the urine. Upon examination I found this loaded with albumen, and on microscopic examination numerous granular and hyaline casts were found, and evidence of extensive cell proliferation and altogether general indications of grave kidney involvement. I at once took a serious view of the case, and ordered the patient to bed, putting her on suitable diet and treatment, which the scope of this report does not call upon me to discuss here.

Five days afterwards I received word that the patient had decided not to stay in bed longer than two or three more days, as her mother and friends thought it was ridiculous for one so well to stay in bed and restrict her diet, but the next evening she was attacked with quite a severe headache, for which various domestic remedies had been administered, and when she was thought to be a little easier the family retired.

About eleven o'clock her mother thought that she heard a noise in her room, and on going in found her in convulsions. They at once despatched for me, and on learning that she was in convulsions, I instructed them to get another doctor also, as I was apprehensive of serious trouble, and I proceeded at once to the patient's house, arriving there about ten minutes before my friend, Dr. Corbett. I proceeded to administer chloroform, and opened a vein in the arm, removing about a pint of blood, but the eclamptic seizure did not abate, and a condition of coma soon supervened and the patient became moribund. When we saw that death was inevitable, I advised the removal of the child per abdomen immediately on the death of the mother, and got the consent of the family to do so.

When the pulse became imperceptible at the wrist, I listened with my stethoscope over the heart for its last beat, and as soon as life was extinct I asked Dr. Corbett if he had a large scalpel. He said there was one in his satchel down stairs and proceeded at once to get it,

while I turned the lifeless woman on her back and laid the abdomen bare in readiness for the operation. This was but the work of a moment, and then the suspense of further waiting for the return of the doctor with the scalpel was unbearable, as I realized that a fraction of a minute might decide the difference between success and failure, so taking a small bistoury from my vest pocket, the abdomen was laid open with one sweep from the zyphoid appendix to the symphysis pubis. The uterus at once came into view, and with another cut the uterus was also laid open, and when the doctor returned with the scalpel I was extracting the dripping child from the uterine cavity.

The child was shrunken and shriveled and showed no signs of life, and from the appearance of the skin we ventured the opinion that it had been dead for some days, when suddenly it gave a slight gasp and we saw that there was life. I at once separated the cord and placed the child in a hot bath and instituted artificial respiration. After some time the respiratory function was established, the child was wrapped up warm and passed over to the nurse.

Although the child was only a seven months child and not vigorous, it lived for three months, and for a time did well, but afterwards it died during the summer, in my absence from town, of milk infection. But I think you will agree that the success, practicability and advisability of the procedure was thoroughly demonstrated.

NOTES ON THE RECENT SMALL-POX EPIDEMIC.*

By J. F. Ellis, M. D., Sherbrooke, N. S.

In writing this paper I do not presume to let any new light on the etiology, pathology or treatment of small-pox, but merely to make a few suggestions on its prevention, facts based on experience gathered during the recent outbreak of an epidemic in Goldenville.

During March of this year, I was making a call at a house in Goldenville occupied by colored people. While there I noticed a young man with his head tied up, and naturally was attracted to examine him more closely. He complained of severe headache, pain in the back, etc., and over his face and body I found a peculiar papular eruption and other symptoms which made me think that the young man was suffering from small-pox. I also learned that a few days before he had been quarantined in Glace Bay, C. B., and left in the night without the knowledge of the authorities. I immediately called in my confrere, Dr. L. D. Densmore, of Sherbrooke, who confirmed my diagnosis.

We immediately called a meeting of the Board of Health and had this house and the house of all the colored people in the immediate neighborhood quarantined; also the houses of people whom we knew or had suspicions were in the infected house, and vaccinated all the quarantined people.

Although the case developed in a small house where a family of twelve were huddled together, the disease was confined to four of its inmates. The first case was unvaccinated and was a typical case and was quite severe, the eruption running through the usual papular, vesicular and pustular stages, and on desquamation leaving the usual pitting.

Five days after the first case was discovered, another case developed in a young man who, previous to the quarantine, occupied the same room with the first case. This new case was somewhat milder than the first.

Four or five days afterwards, or nine or ten days after the quarantine was put on, two other members of the family were attacked, but with a very very mild type, they not being confined to their beds a single hour, and barring a slight headache and a few small pustules thinly distributed over their bodies, suffered no distressing symptoms. From this epidemic we were able to gather two facts, or more proper-

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July 2nd, 1903.

ly speaking, two facts were verified, viz., the efficacy of vaccination as a means of producing immunity, and the importance of a strict, rigid and even high-handed quarantine.

The truth of the first is amply born out by history of the four cases. In the person who was unvaccinated, the disease was quite severe, approaching collapse on the 12th day after the eruption appeared.

The second person was vaccinated, probably during the 4th or 5th day of the period of incubation, and the disease ran a much milder course than the first.

In the 3rd and 4th cases, infection probably took place somewhere about the time they were vaccinated, and in them the disease ran an extremely mild course. If they had been met with outside of the quarantine district, they probably would have passed unnoticed.

All the remaining members of the family enjoyed perfect immunity.

The other feature that presented itself was that although the outbreak took place in a crowded part of the village, where the sanitary arrangements were very poor, not one case developed outside the house where it first appeared. I am of the opinion that if they were not taken, or had they been delayed a few days, hundreds of cases would probably have developed.

This experience has made it evident to my mind, and I think you all will agree, that in places outside of large cities where there is a large floating population, small-pox should not become epidemic, provided the proper precautions are taken early. This is one disease in which there is no difficulty in getting the authorities to act promptly, and to follow any suggestion the physician may make to protect the people from infection.

Some may feel delicate to adopt harsh and stringent measures at first, in case they may be mistaken in the diagnosis. But if preventative measures are delayed until then, it may be too late to prevent an epidemic, and it is better to inconvenience a few people for a short time, than let conditions exist which might cause great injury to the whole community.

It is unnecessary to speak before this society of the benefits of a more general vaccination. We are all agreed on that point. The trouble is the unwillingness of the people to submit to the operation, and the fear they have of disastrous results, a fear that is encouraged by ignorant and foolish people, and often by people of whom we might expect better things.

It is a deplorable fact that so great a number of the people of this province, especially in the rural districts, are unvaccinated. I think I am within the mark when I say a great majority of the people in the country districts are thus unprotected, and I think a great step forward would be taken if a law was placed in our statutes making general vaccination compulsory.

THE

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Editorial.

PHYSICAL TRAINING IN OUR SCHOOLS.

Our educational system is in many respect an excellent system, and no one can doubt either the ability or the good intentions of its founders, or of those who are responsible for its gradual evolution and present type. But we venture to think there are few medical men in these provinces who, if they give any attention to educational matters, and many of them have themselves been teachers, are not convinced that in some respects our educational methods are faulty.

The very nature and aim of education appears to us to be somewhat misunderstood. It appears to be popularly considered as equivalent to information, and to some of us this is now apparently mere cramming.

In Great Britain and in America we find frequent protests against this one-sided type of education in which all appears to be made subservient to the mere acquisition of knowledge, and the great aim of teacher and pupil is the successful passing of examinations.

It should not be difficult to come to some agreement as to what education consists in, or what its object should be. We have been told that to educate is to "lead out," to evolve the potentialities of the child. It is said that education means instruction. And it has been well said that the object of education is the formation of character. Is it not well to ask ourselves in how far or in what way our present system of education develops the potentialities of our children and youth, or why attention is devoted so exclusively to the faculty of intellect only? To ask what is the real meaning of instruction and if the accumulation of facts and figures is the only structure that should be built up in the child-life? Finally it may do no harm to ask, and to press for answer, if our present system of conducting education is doing the best possible work in the formation of character?

To the medical man, whose studies bring him chiefly into relation with the physical basis of life, it must seem that our educational methods are sadly negligent of the laws of physiology. The smattering of anatomical and physiological knowledge given in primers and school-books is a grotesque illusion in view of the fact that practically no provision is made for healthy exercise in the curriculum.

But the physician who studies his patient wisely is well aware that the physical basis is but one, and the least important element in true life. Man is a living soul. None of us can long be ignorant of the enormous influence of mind on body, of the reciprocity between them, and finally of the vast and preponderating value of the moral elements which are indeed those generally present in the mind when we speak of character. "As a man *thinketh* in his *heart*, so *is he*."

Is it not reasonable to hold that a true system of education should be such a training as would eliminate all the tendency to evil and develop all the potentialities for good in the whole nature, physical, mental and moral? Is it possible that our present system is the nearest approach we can make to this ideal? Are not some of us asking ourselves whether, even in its restricted function of a mental training, our system is giving the best results?

But supposing we defer a consideration of this question, and of the still more important question of the formation of character, let us, as the conservators of the public health, at present content ourselves with asking what means does our educational system provide for physical culture?

A great thinker who has just passed away, one regarded by many as the greatest philosopher of the Victorian epoch, Herbert Spencer, said that the first condition of success in life is to be a healthy animal. We do not care to bind ourselves to Spencer's philosophy in all things, and this statement, as it stands, is open to criticism, but it is an epigrammatic way of putting a great truth.

And what apparatus does our Council of Public Instruction provide for securing health of body in our schools? This is a large question, and large debate could be carried on as to how far an educational authority should take cognisance of physical defects and diseases in the children under its care. But to us it certainly seems as important a function of education to correct a faulty posture as to correct a faulty pronunciation, to insist upon a proper manner of breathing as of spelling, to prevent a physical deformity as to secure a good grammatical style.

The aim of civic and municipal finance is to secure the greatest good of the greatest number, and it is just as important that the young farmer, or carpenter, or lumberman should be well set-up, alert and vigorous as that he should know a spondee from a dactyl, or cross the *pons asinorum* successfully.

But we shall be told that it is easy to criticise and that the critic should be able to supply, or at least suggest, a remedy for the defects

he sees or fancies he sees. But this is not necessarily the concern of the critic. A passenger on the deck of a steamship, if he thinks he descries danger, is justified in drawing attention to it even if he be ignorant of how to avert it. But educational critics have made suggestions on this very defect, and have long been urging that as a means of physical culture, a system of military training should be introduced into our schools.

Those of us who heard Dr. Sponagle's paper on this subject at the meeting of the Maritime Medical Association in St. John last July, must have felt he made out a strong case for the adoption of some form of military training in schools, and we recommend those who were not present at the reading of this instructive paper to read it for themselves in the October number of the *Maritime Medical News*. In the present number of the *News* we publish, on the suggestion of Dr. Sponagle, another article on this subject from the pen of Mr. W. E. Outhet, a gentleman who has given much attention to the subject of hygiene, particularly in relation to schools, and who has a personal knowledge of the benefits of military training. Mr. Outhet writes with authority, with enthusiasm, and with a spice of humour in urging the claims of physical culture, and in drawing attention to some of the incongruities resulting from our present system, with its persistent ignoring of the necessities for healthy growth and development, and the paper will repay perusal. We wish especially to draw attention to Mr. Outhet's claim that a reasonable amount of military organization and training in our schools would not interfere in any way with intellectual development, but, on the contrary, would be found a distinct help in mental training and would also exert a most salutary and much needed moral influence on the pupils.

RESIGNATION OF THE CHAIRMAN OF THE PROVINCIAL BOARD OF HEALTH OF NEW BRUNSWICK.

Dr. Wm. Bayard forwarded his resignation to the Premier of the Province on the 23rd September. It is understood, however, that the communication has not yet been acknowledged, although there have been several meetings of the Council.

Dr. Bayard has been chairman of the Board of Health for the City of St. John from 1855 to 1887. He was then appointed chairman of the Provincial Board and continued to occupy this important position until the 23rd September of this year.

During these forty-eight years, Dr. Bayard has rendered valuable service to his city and province. It will be freely acknowledged that he has thrown himself unreservedly into the work and that he has spared no effort, time nor inconvenience to faithfully perform the duties attached to these offices, and they were many, exacting and onerous.

Dr. Bayard has been a close student of sanitary science, and has read widely in this connection. His aim has been to raise public health matters to as high a standard as possible, and it has been observed that his motives were always high and disinterested.

His efforts to obtain general compulsory vaccination and revaccination have not succeeded; the Government so far have not adopted the recommendation. Dr. Bayard has strongly urged this procedure, rather than that of stringency of quarantine with its guards, expenses and ineffectiveness as compared with general vaccination.

His pamphlet, "Observations Concerning Small-pox," recently issued, deals in an able manner with this subject.

It is to be regretted that after so long service to the public, that Dr. Bayard has felt compelled to resign on account of occurrences which he considered could not be tolerated.

To put it mildly it seems a strange proceeding for the Government to take the conduct of health matters out of the hands of its Health Board, and then, too, without consultation with its Board.

But there are numerous health matters which require further consideration and revision.

Personals.

Dr. A P. Reid, Secretary of the Provincial Board of Health, and family, have removed from Middleton to Dartmouth for the winter.

Dr. K. A. MacKenzie, formerly house surgeon at the Victoria General Hospital, has located at New Campbellton, C. B.

A late issue of the Baltimore *Sun* says: "**Dr. George Campbell,** a post-graduate student at the Johns Hopkins Medical School, rescued a small girl who had fallen overboard at the foot of Broadway Saturday afternoon, by diving into the icy waters. Dr. Campbell whose home is in Halifax, N. S., was leisurely walking about the wharf, viewing the vessels in the harbor, when his attention was attracted to the little one struggling in the water by the screams of several of her playmates. He immediately pulled off his overcoat, coat and hat, and plunged in after her. He then swam over to the wharf and both were helped out of the water by a spectator. As soon as the little one was placed safely on the wharf she ran away and her rescuer was unable to ascertain her name. Dr. Campbell resides at 600 North Broadway."

Geerge is a son of Dr. D. A. Campbell, of this city, and was a former house surgeon at the V. G. Hospital. He was likewise one of Dalhousie's champion football team of last year.

The Antikamnia Chemical Co. has issued a handsome calendar for 1904, representing "Confidence," a copy of which will be mailed to every practitioner throughout the world.

N. S. BRANCH OF BRITISH MEDICAL ASSOCIATION PROGRAMME.

The following is the plan of the agenda for the remainder of the session :

Jan. 6th—Meeting at Nova Scotia Hospital.

Jan. 20th—"Antiseptic Measures in Midwifery." Discussion by Drs. M. A. Curry, Thos. W. Walsh and A. I. Mader.

Feb. 3rd—Paper by Dr. T. D. Walker, St. John, N. B. Subject to be announced.

Feb. 17th—Pathological Meeting at Halifax Medical College.

March 2nd—Paper on "Iritis" by Dr. W. G. Putnam, of Yarmouth, N. S. Discussion by Dr. Kirkpatrick and others.

March 16th—Paper by Dr. John Stewart. "Carbolic Acid in Surgery;" also paper by Dr. M. Chisholm.

March 30th—Paper by Dr. H. K. McDonald, Lunenburg, N. S. Subject to be announced.

April 13th—"History of Medical Society in Halifax." Paper by Dr. D. A. Campbell.

Discussion on "Diseases of the Prostate Gland" by Drs. Murphy, Ross and others.

Additions and changes to the above programme may be made as occasion arises. Members and all visiting practitioners from all parts are welcome. Any medical gentleman willing to contribute a paper will kindly communicate with the Secretary, Wm. D. Forrest, M. D., Pleasant street, Halifax.

The *Scientific American* has issued another special number, this time devoted to the Iron and Steel industry of the United States. Technically considered, the number is one of the best of the special issues which have so far been prepared by the *Scientific American*. Each article bears the stamp of absolute certainty of fact—a certainty gained by a personal examination of each of the plants described. Instead of giving a condensed account of a large number of less important works, the editors have wisely adopted the plan of selecting a certain number of large industrial establishments, and of giving them a very thorough description. Among the more notable articles of the issue may be mentioned those on armor plate and gun steel, structural shapes, tube making, chain making, steel and wire making, and rail making. The number is dressed in a handsome colored cover.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Nov. 11th, 1903. Meeting held at Halifax Hotel, Dr. F. W. Goodwin, President, in the chair.

Dr. Hawkins first presented a child suffering from chorea. Previous to the chorea developing there was no history of rheumatism, but rheumatic symptoms arose one week after the muscular twitchings were observed. There was no heart lesion and nothing in the history to indicate the cause of the trouble. She was first on salicylate of soda and latterly on elixir lactopeptine with quinine, iron and strychnine, together with 3 min. of Fowler's solution to each dose. She is now practically free from the movements. Dr. Hawkins also presented a case of Friedreich's or hereditary ataxia. The patient was a young girl and exhibited all the more common symptoms—absence of knee jerks, lateral curvature, flat-foot and uncertainty in walking. The discussion which followed on these cases was taken part in by Major Peeke, Drs. Walsh and Murray. The latter emphasized the close relationship between chorea and rheumatism.

Dr. Goodwin then presented a case of a man who was passing uric acid calculi and whose urine also contained sugar. He was first placed on opium when the sugar disappeared. After this he was on piperazine, 15 grs. three times a day, alternating with a mixture of pot. bicarb and tr. hyoscyamus. The gravel ceased and his general condition was now much better. Dr. Goodwin also showed a case of congenital syphilis in a young boy. There were two markedly syphilitic teeth, periostitis of one shin, and a breaking down gumma of upper eyelid. The patient was on ung. hydrarg.locally, and cod liver oil internally.

Major Peeke then presented the following interesting case. The patient, an artilleryman, first came under observation on May 11th last. He complained of pain in the chest and had a cough with copious expectoration. There was a pleuritic friction sound on the right side. On May 16th there were signs of fluid on the right side. On May 19th he coughed up pus which contained many streptococci and staphylococci. The pleura on the right side was then opened and on exploration a localized abscess cavity was reached. This was drained, and on August 1st the patient was discharged from hospital.

Some days after this the patient after a violent fit of coughing brought up what appeared to be a fish bone. There was a history of having previously swallowed a bone. The symptoms immediately

subsided after the bone was brought up. Major Peeke thought that there was in all probability a connection between the abscess cavity in the pleura and the bronchus on that side.

A specimen shown by Major Peeke was the cervical spine of a man who had fallen out of bed and fractured the spine of the 5th vertebra. He had complained of tenderness and pain in the neck. No displacement could be noticed. There was paralysis of the lower extremities; no increased temperature. On post mortem there was hæmorrhage and inflammatory effusion in dura mater. Cord not much damaged.

Dr. Farrell showed a case of mastoid abscess following scarlet fever. He trephined the mastoid and found pus.

Dr. D. A. Campbell presented a case of lupus vulgaris that had been cured by the X rays. Photographs exhibiting the case in various stages were shown.

Dr. Campbell also showed a quart preserve bottle filled with round worms. The same had been vomited up by a colored woman who had previously manifested no symptoms.

A vote of thanks was given to Major Peeke for the interest he has manifested in the Society since his coming to Halifax.

Nov. 24th Meeting held at the Victoria General Hospital.

Dr. D. A. Campbell exhibited three cases of rheumatoid arthritis in children. Case 1.—A female child aged 7, puny and ill developed—giving a history of chronic progressive joint lesions extending over a period of two and a half years The case conforms in almost every particular to that type of the disease described by G. F. Still, in Allbutt's System of Medicine. In addition to very great involvement of the articulations both great and small, there is some enlargement of the spleen, glandular enlargement not marked, but showing distinctly in the epitrochlear and inguinal groups, and more or less fever. For the past six months fever has been rarely absent.

There is marked wasting of the muscles and considerable deformity, but not the marked joint changes seen in the ordinary cases of rheumatoid arthritis. The outlook in these cases is not very promising. The condition generally develops before the second dentition and seems to be more common in girls.

Case 2.—A boy aged 14, who has been ill with the disease for about fifteen months, and is still unable to walk.

Case 3.—A girl aged 16, who has been disabled for the past three years. The two latter cases resemble the disease as seen in adults. Both are doing well under the hot air treatment.

Dr. C. D. Murray exhibited two cases. The first was one of aneurysm of the ascending part of the arch of the aorta. The patient had been ailing for six months. He came to hospital complaining of shortness of breath and general weakness. Never had syphilis, but had at one time been a heavy drinker. The interesting feature of

this case was the marked dilatation of the veins on the left side of chest and arm, due to obstruction of the left innominate vein, and probably also the vena azygos minor. He was improving on potassium iodide and tr. ferri perchlor.

The second case was one of splenic anæmia. The patient suffered from loss of strength, great enlargement of the spleen and anæmia. Examination of the blood showed a diminution in the number of red corpuscles and a proportional diminution in the hæmoglobin. This patient was on Fowler's solution, along with potassium iodide, as he had given a fairly clear history of having had syphilis some years previous.

Dr. Ross showed a man suffering from an ulcerative syphilide on the right side of his nose. Dr. Ross gave the differential diagnosis between this condition, lupus vulgaris and rodent ulcer.

Dr. Chisholm exhibited a man who had suffered from a compound fracture of the malar bone due to the kick of a horse. When seen first the bone was protruding for about half an inch and splintered. The bone was freely moveable. Dr. Chisholm fixed it in position by driving a steel nail down through the external angular process of the frontal and into the malar. The result obtained was a good one. Dr. Chisholm then showed a case of double talipes equinovarus that had been successfully operated on by him. Operation: the knife is entered ½ inch below and a little to the front of the tip of the internal malleolus. It is pushed forwards sideways till it reaches the tendon of the tibialis anticus. It is then turned and the tendon is cut at the same time; the tissues beneath are cut to the bone by raising the handle and sweeping it forwards till the blade cuts all the ligaments, and lastly the tibialis posticus, just as the knife is about to be withdrawn.

The meeting then adjourned to the dining room where a supper, presided over by Mr. C. E. Puttner, was served.

ST. JOHN MEDICAL SOCIETY.

The President, Dr. J. H. Gray, in the chair.

Oct. 7. The first meeting of the year was opened by a paper from the President, entitled, "Some of my Obstetric Failures."

Dr. Gray detailed the history of his obstetric cases which had resulted fatally during twenty years practice. Four cases died of convulsions, only one of which was seen previous to the attack.

Two died of septicæmia, one of lobar pneumonia, which had developed three days before labor, one case died of unknown cause, as there had been no opportunity of ascertaining it. There were two fatal cases from placenta prævia.

Oct. 21. The Secretary, Dr. Barry, read a paper on "The Microscope as a Factor in Diagnosis and Prognosis." A plea for the more general use of the microscope was first made, then its value was pointed out in the diagnosis of malaria, and in the differential diagnosis of certain forms of malarial fever from typhoid. By leucocyte counts, the progress of appendicitis could be watched, an increasing leucocytosis indicating an advance in the progress of the disease and vice versa. A blood examination is a distinct aid in the differential diagnosis of typhoid fever, appendicitis and trichiniasis. In the prognosis of lobar pneumonia, an examination of the blood is a valuable aid, a great increase in the white cells or their entire absence denotes a profound toxæmia and a correspondingly grave prognosis.

In the different anæmias and leukæmias, an examination of the blood is necessary both for diagnosis and prognosis. Illustrative cases were given.

Oct. 28. Dr. O. J. McCully read a paper on "Nasal Reflexes." It will appear in the News.

Nov. 4. The title of Dr. Corbet's paper was "Notes on some Drugs." The drugs especially referred to were Carbon Bisulphide, Iodoform, Fluoroform. Numerous cases were quoted showing the beneficial results from the use of these preparations. The paper will appear in the News.

Nov. 11. Dr. Hattie, superintendent of the Nova Scotia Hospital, read the paper of the evening "Some Mental Sequelae of Common Diseases." Insanity brought on in the course of or as a direct result of physical ailments, particularly infectious diseases, were thoroughly discussed. Infection Psychoses were divided into three groups; Infection Delirium, Febrile Delirium and Post-febrile Psychoses. These may occur in typhoid, influenza, scarlet fever, measles, variola, etc. After a consideration of each of these groups, the subject of appropriate treatment was taken up. The treatment should be based on the pathology.

The paper was discussed by the President, Drs. Gray, J. Christie, Crawford, Corbet, Lunney, T. D. Walker, McCully, Wetmore, Skinner and Inches.

Dr. Hattie replied, and in doing so answered many queries. A vote of thanks was presented to Dr. Hattie for his kindness in reading a paper before the Society. The members then adjourned to the Alexandra café for refreshments.

Nov. 18. Dr. Lunney read a paper on "Aneurism" and reported two cases lately in the G. P. Hospital. A general account of aneurism was first given, followed by a consideration of the etiology, symptoms, physical signs, diagnosis, prognosis and treatment of the various aneurisms.

Nov. 25. A paper on "Diagnosis and Treatment of Venereal Diseases" was read by Dr. Case. The treatment of chancroids was fully discussed. The so-called heroic treatment was not found advisable. Dr. Case recommended the use of bland agents, such as boric acid, calomel and iodoform.

Notes.

Excerpt From the London Daily Chronicle.—The general results of the recent discussion in this paper on the relative value and safety of various antiseptics derive confirmation from a monograph which we have received from the Pasteur Institute of Paris. We described the volatile or essential oils of plants as the safest—and the most pleasant might have been added—of antiseptics for direct human use; that of eucalyptus holding a very high place. A couple of professional members of the Association of Analytical Chemists of the Pasteur Institute have been studying Listerine, which is named after the great English surgeon. Listerine is a mixture of the essential oils of thyme, eucalyptus, baptisia, wintergreen and mint. It has relatively non-toxic properties peculiar to these oils, but the Parisian savants have brought out the important fact that the mixture of oils is much more potent than any one of them singly. It attacks more than one joint in the bacterial armour. Carbolic acid—used so much mainly because it is the original antiseptic employed by Lister—is 146 times as toxic as Listerine.

The Medical Examiner & Practitioner, issue of May, 1903, says: As far as positive results are concerned, it is safe to assert that no preparation of iron ever introduced to the medical profession has met the requirements to the extent that the pharmaceutical product, Gude's Pepto-Mangan, has done. Unlike many articles claiming to be "Just the same," or "Just as good," it has stood the test of years in the hands of the practitioner, and has been submitted to the severest clinical investigations by eminent men in the profession, both in hospital and private practice.

The Decadence of Opium.—We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend. But here, the application should cease; and it is just here that the synthetic products step in to claim their share in the domain of therapy. Among the latter, perhaps none has met with so grateful a reception as Antikamnia Tablets, and justly so. Given a frontal, temporal, vertical or occipital neuralgia, it will almost invariably arrest the head pain. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, they are of signal service, contributing much to the comfort of the patient. Their range of application is wide. They are of positive value in certain forms of dysmenorrhœa; they have served well in the pleuritic pains of advancing pneumonia and in the arthralgias of acute rheumatism. They have been found to allay the lightning, fancinating pains of locomotor ataxia, but nowhere may they be employed with such confidence as in the neuralgias limited to the area of distribution of the fifth nerve. Here their action is almost specific, surpassing even the effect of aconite over this nerve.—*National Medical Review.*

Threatened Abortion and Miscarriage.—This constitutes one of the most valuable indications of Hayden's Viburnum Compound. Instead of narcotizing the patient like the opiates, it arrests pain and checks hemorrhage in a far more efficient and agreeable manner. In view of the marked antispasmodic and anticongestive power of this preparation, its value will be readily appreciated in the treatment of these cases when employed in connection with perfect rest.

The dose at the beginning should be one dessertspoonful, followed by teaspoonful quantities when required. When, however, miscarriage has occurred, or is inevitable, Hayden's Viburnum Compound is equally indicated for the control of the bleeding, the relief of the pain, and the prevention of complications, such as inflammation of the uterus or appendages.

Bovinine in Consumption.—From the prevailing disbelief, which was almost a despair, the recent knowledge that consumption is curable is rapidly disseminating.

This is not due to any miraculous medical specific that has appeared, or ever will appear; nor to climate alone, for cases originate in California, Colorado, the Riviera, and the most noted resorts of the Swiss Alps; but it is accomplished by the rapid restoration of tissue waste with nutrition that contains all the elements of the human body, in right proportions and ready for immediate assimilation, to enable the system to build faster than the malady can break down.

While it has been abundantly proven that the *tubercle bacilli* is often the means of perpetuating consumption, it never has been satisfactorily demonstrated that it is the sole cause of the disease. No doubt every human being in the civilized world is sooner or later exposed to this germ, but only a small minority are susceptible to its infection. The great majority are immune by virtue of normal vigor, normal nutrition, which does not furnish the nourishing nidus for this bacillus.

The long and feverish search for a drug that shall demonstrate its right to be called a specific has been almost abandoned. The thousand and one alleged "cures" or specifics for consumption have all proved cruel delusions. Tuberculin is a sorry example. Creosote, Cod Liver Oil, Guaiacol, and all their derivations and modifications have signally failed. Recent searchers have confined their efforts mainly to the field of antagonizing serums, but instead of reaching favorable results, it looks as though the whole serum theory would, ere long, be abandoned as a mistake.

There is no positive cure for consumption outside of an element or influence that restores normal nutrition that enriches the blood and builds the tissues. This being accomplished, Nature does the curing. The sooner we all accept this demonstrated fact that general vital reinperation, by whatever means it may be accomplished, is the only cure that is scientific, that has ever been known or ever will be known, the less time we will lose in conducting the battle royal with this fatal scourge.

Patients who die of tuberculosis, *starve to death*. Those who recover from tuberculosis are *fed to health*—cured by feeding. Feeding, however, is not necessarily nourishing, no more than eating is assimilating. Thousands of victims of this wasting disease starve with stomachs full, and plenty more within reach. There is no dearth of elegant and costly viands—it is availability they lack. They call for an exhibition of vito-chemic force which the consumptive's stomach does not possess. Bovinine does nothing of the kind. It is living tissue pabulum in natural solution and instantly available. It responds at once to the demands of the starving organism.

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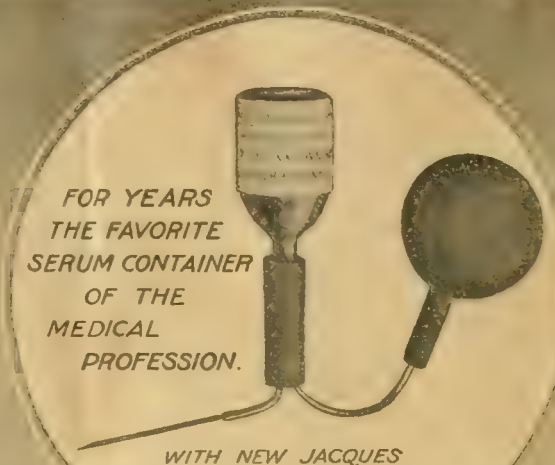

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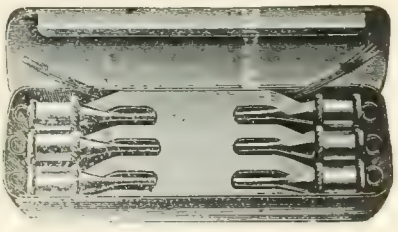

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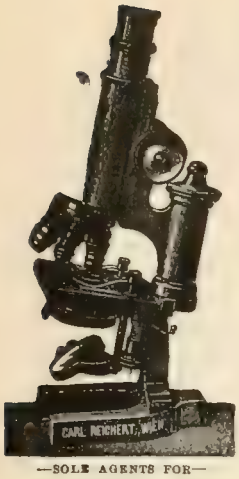

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Original Communications.

PRESIDENTIAL ADDRESS*

BY J. J. CAMERON, M. D., Antigonish, N. S.

GENTLEMEN,—I believe it is a time-honored duty of the President of this Society to deliver an annual address. I am afraid that on this occasion the duties were more honored in the breach than in the performance. However, I shall not detain you long, for I assure you it is with feelings of trepidation that I undertake the task, following as I do a long and illustrious line of the past-presidents whose learning and professional attainments made them an authority upon all questions pertaining to the welfare of this Society and to the profession to which I have the honor to belong. I deem it an honor to be President of the Nova Scotia Medical Society, and shall always be proud of being enrolled among those, who, from year to year, received the distinction of presiding over the destinies of this Society.

But I must hasten to cordially welcome you on behalf of the medical men and citizens of Antigonish, and I sincerely trust that your visit will be profitable and pleasant—that visions of Antigonish will haunt you till our next meeting, and that pleasant recollections of your visit will always abide with you.

I am sure we all rejoice at the recovery of His Majesty the King, whose life at the time of our last meeting was despaired of. We cannot but applaud the physicians and surgeons who directed his case and performed an operation that is a triumph to modern surgery.

*Delivered before meeting of Medical Society of Nova Scotia, at Antigonish, N. S., July, 1903.

The physicians in attendance were duly remembered when the Coronation honors were conferred, but it is surprising that the profession received no official recognition at the Coronation services.

It becomes my painful duty to-day to refer to the sad death, during the year, of a distinguished member of this Society, Dr. Andrew Halliday. Last year your President eloquently recalled the death of that noble physician, the late Secretary of our Society, Dr. W. S. Muir. The year before last the President's address consisted of a eulogy of the eminent surgeon, Dr. Edward Farrell of happy memory. The reflection forces itself upon us that each year one or more of our members fall by the wayside, and that

> "To one dread gulf all things in common tend
> Their loftiest virtues, amplest riches, end
> Long are we dying, reckoned up from birth
> Few years, and evil those, are ours on earth."

The first time I had the pleasure of meeting Dr. Halliday was at our society meeting at Pictou six years ago. I formed my estimate of him then. His unpretentious manner, his clear cut diction, modulated by a pleasant Scotch accent, his scientific knowledge and his grasp of all questions under discussion made me feel that though young in years he was full of wisdom, and one from whom much might be learned. He was a regular attendant at our society meetings, and further acquaintance with him, if possible, raised him further in my estimation. He eschewed the commercial side of practice; and I well remember while in conversation with him on one occasion deprecating the lack of appreciation on the part of the public of the labors of the scientific physician and his deploring the fact that the genius of commercialism was undermining the scientific spirit in medicine. This year he is not with us. He shall not be with us again. The reaper whose name is Death has taken him away. All of us shall have to bow some day to the same implacable harvester, to separate from all we love on earth, and journey to the mysterious beyond whence no traveller returns. Let us emulate Andrew Halliday and leave a name and reputation as unsullied as his. To his wife and little child I extend my personal sympathy.

We must all regret that after a long and laborious fight Dr. Roddick's bill, providing for a Medical Council for Canada, has, by the action of the Quebec legislature at its last session, been rendered null and void. The bill passed the Federal Parliament, but before

becoming operative had to be assented to by the provincial legislatures. It appears that all the legislatures were ready to assent to it, excepting Quebec. When it came before the legislature of Quebec it was defeated, and the reason for the vote not stated. It is regretable that any parochial or exclusive sentiment, in any one province, should thus overthrow a bill which in its provisions was calculated to be of great national benefit.

In this inconstant world of ours the silent subtle reasonings of the man of genius receive less attention than the deeds of political, military or naval leaders. The strategy of an army chief, the brilliancy of a party leader, the character of a prominent statesman, the flights of the passing demagogue transcend in the public esteem the brilliant scientific discoveries of useful deductions of the student and philosopher. The former leaders are the exponents of popular and sensible achievement, the latter the repository of abstruse and scientific knowledge not easily patented or assimilated. The former are booted and spurred, titled and honored, the latter live and die in comparative obscurity. In what other department may it be asked could the loss of its greatest leader compare with the loss the world has sustained, on September 5th, 1902, in the death of the learned scientist Professor Rudolph Virchow? To him alone belongs the honor of laying the foundations of scientific pathology. At the commencement of his career the humoral pathology was in the ascendency and the explanation of morbid conditions was sought either in the blood, the nerves, or the exudations from the body. In 1847, in opposition to this doctrine he made this statement: "The role of pathological anatomy as a dogmatic science is at an end; for each individual law we must have the proof clearly recognized, and carrying personal conviction. But where are the proofs to come from when the entire argument begins with a hypothesis." Working on the lines of this belief, he was enabled in 1858 to enunciate his famous proposition, *omnis cellula a cellula*, thus overthrowing the old pathology—the false and barren theory of a structureless blastenia, the doctrine of specific pathological cells, by establishing that every morbid structure consists of cells that have been derived from pre-existing cells, as a progeny. Even the most deformed morbid structures he had shown to be derived as a progeny from normal tissues—from normal cells driven to abnormal development by injurious agencies, and that even diseased life produced no cells for which

types and ancestors were not forthcoming in normal life. The principles set forth in this his cellular pathology will ever live as a monument to his great genius, an imperishable landmark on the road leading from the darkness of ignorance to the light of knowledge.

An attempt to enumerate Virchow's literary, scientific and political productions, much less to refer to them at length, would occuy far more time than I could give in this address. Suffice is it to say his life has been the most eloquent example of untiring fidelity to the work of combatting disease. By his almost superhuman genius he was capable of overcoming conflicting hypotheses and arbitrary dogmatism. His scientific ideals, the principles of investigation he has bequeathed to us, and let us be grateful for all he has done for the common heritage he has left in the possession of all.

In the great scheme of the natural world individuals play their part, having relations with other individuals of the same species and species are related to species till we are lost in search of the kind and extent of action and influence exercised by each. So there is not an action or event with which we are acquainted that has not some relation to other actions or events which no one has yet verified. It would not, perhaps, be entirely problematical to hold that all creatures' actions and events throughout the whole of nature have relations to each other. It is obvious that all events have future unknown consequences; in other words we do not know everything concerning any one event whatever, its causes, ends, and necessary adjuncts. Things insignificant and worthless upon examination are found to be necessary to the existence of other things of greater importance. Thus countless numbers and varieties of bacteria play the role of defender of man's life, while others are pathogenic and seek his destruction; and so the constitution of the natural world is so complex, so small a part of the scheme can be comprehended by the finite mind, that he is entirely ignorant who is not sensible of the difficulties of exploring and interpreting nature's government and laws. To-day the law of gravitation is no longer believed to extend throughout the universe. The theory of the conservation of energy must now be balanced by the theory of the dissipation of energy. The metal, radium, M. Currie, a French physicist, tells us "is known to be unlike every other known form of matter in possessing the power of producing heat for months together without combustion,

without chemical or molecular change of any kind, and without waste or diminution of substance." The vibratory force of the heat rays from radium may yet be shown to be destructive to pathogenic germs. Again, there is no agency in nature that will exercise in the future so much power in the prevention and cure of disease as ether, supposed at one time to be an "imponderable fluid" (which, however, has been shown to have some weight) surrounding the globe on every hand extending even to the confines of the universe, having the property of penetrating all solid bodies, supplying by its vibration light, heat and electricity, fundamental necessities to life and civilization, as well as a motive power which supersedes all others and bids fair to reign supreme. Is it not possible that such a natural force, possessed of such potentiality, may be looked to by the medical practitioner for the valuable assistance in conflict with disease? Heat, light, and electricity are but various stages of vibration in ether waves. Electric waves permeate all matter except the best electric conductors. In permeating matter these waves must produce some effect however small it may be. The brain of an animal regarded as a mass of matter is capable of being traversed to some extent by electric waves, and such waves must produce some effect in transit. The influence might be considerable and yet not be manifested subjectively or objectively. Is it then through the brain and nervous system the physiological action of ether waves proceeds? Such maladies as rheumatism, gout and nervousness are often foretold by the sufferers with an accuracy equal to the best meteorological apparatus by means of their "bad leg," "stiff shoulder," "lame back," or "bad toe." The connection between the storms (electrical) and their bodily self appear to be as real as though they and their enemy were connected by a metallic conductor. I believe that the pathogenic organisms causing these diseases are so powerfully influenced by the oscillation of ether waves resulting from the storms as to cause the symptoms of which the sufferers complain. Light we know to be useful in skin diseases, heat in rheumatism, and electricity in nervous conditions. This would indicate that the vibratory force of ether waves (heat, light and electricity) is capable of destroying pathogenic germs or at least of putting them in a state of quiescence. Again, we know red-light in the treatment of small-pox is of great value. Ordinary light (the blue, violet and ultra-violet rays) is known to be injurious, causing suppuration of the vesicles although it

seems to have no action on the small-pox infection itself. It is a decided advantage to stay suppuration and to prevent pitting. This is the most dangerous stage, and the greatest number of deaths is caused by suppuration. This red-light will do, and strangely enough while the ultra-violet rays should be kept off small-pox cases they are an almost certain cure for lupus.

The X rays have, during the past few years, been tested in almost every conceivable form of disease, and the results in some malignant and other conditions have been fairly satisfactory; but in skin diseases especially have they been gratifying. Granting that X rays are transverse vibrations in ether, who can realize the possibilities of their application at various angles of incidence, their potentiality or the results and benefits that will accrue to humanity from a further knowledge of their workings? "Let there be light, and there was light."

Let us hope then that the utilization of this great agency will pass from the hands of the pretender and showman, that the orthodox practitioner will adopt it, not as a forlorn hope, but for the good that is in it, that thoughtful and scientific workers will demonstrate it to be, as I believe it to be, the greatest natural force in existence in the prevention and cure of disease; and so discovery will follow discovery, and the discoveries yet to be made are as important as those already made, and there are many things in nature that never will be discovered by the finite mind. To know it all were to put man on an equality with God himself, the author of all things, known and unknown to man, throughout the whole universe.

No human science presents so manifest a transformation at the end of the 19th century as medicine. Serum-therapy has overthrown the old therapeutics; the study of bacteria has been enormously advanced, and with it the prevention and cure of disease. There never was a time when so many able, active and disinterested minds were at work on the problems of disease as now. Spontaneous generation has been proven impossible by the immortal Pasteur; so idiopathic disease in the light of the 20th century will be shown to be a myth. A further study of the forces of nature, vital and mechanical, will, during the present century, reveal many of the phenomena of disease now wrapped in obscurity.

The flood gates are open and we are beset by enemies on every

hand. The forces of nature are turned upon us. Pathogenic organisms dispute our right to existence, and even the little mosquito is no longer our friend. It would appear that the survival of the fittest is exemplified in all nature. It behooves us to know our enemies, and, knowing them, to stand shoulder to shoulder under the banner of the goddess Hygeia, waging ceaseless and relentless war upon them till the flag of truce is unfurled and the rattling trumpet thunders victory at last.

THE TREATMENT OE PNEUMONIA*

By J. H. Musser, M D. Philadelphia, President of the American Medical Association, Etc.

Mr. Chairman and Gentlemen of the Association: My object in presenting the subject of the treatment of pneumonia is two-fold; first, I wish to use it as a means of showing a scheme which I am very fond of and which, in all probability, is common to all. I mean to say that all of us should have some formula fixed in our mind when we take up the consideration of the management of a case which is so comprehensive that when we leave that patient for a time we are satisfied that everything has been done for the patient's welfare. That applies especially to those who are engaged in consultation work, but not only the consultant but the general practitioner, it seems to me, cannot be too precise in following out such formula, and the one which I wish to present to you has been to me rather satisfactory and comprehensive and is a good working formula, so that those who are teachers, I think, may find in it a practical way of presenting the subject of the treatment of any given disease. Secondly, I bring the subject of the treatment of pneumonia forward because it is a practical one—one that comes home to us almost daily—and therefore one that should invite discussion among all, and certainly it is one we cannot think too much about.

The formula that I refer to, or the scheme that I have, is that when I see a patient suffering from any ailment whatsoever, I start out by laying down plans for the management of the case in accordance with the indications which I classify under five major divisions; first indications derived directly from the diagnosis; second, indications for treatment based upon our conception of the morbid process; third, indications for treatment based upon the symptoms; fourth, indications for treatment based upon the results of our examinations of the other organs and structures of the body, not related to the disease; and fifth, indications for treatment based upon facts derived from the social history, the family history and the previous medical history.

Now I shall at once pass over the general plans of treatment of cases

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of disease that we have. I shall not take up the effect of good nursing, of diet and matters of that kind, but at once dwell upon the subject in accordance with the outline I have given.

1. Treatment based upon the diagnosis. Now, in some diseases—I need scarcely name them, malaria, syphilis, diphtheria and a few other diseases—as soon as the diagnosis of the special ailment is made, a line of treatment comes before us; it matters not what the condition may be, what the somptoms may be, what the state of either organs or structures. We know in the case of diphtheria we have to give antitoxin. I know of no circumstance which should excuse its use. In malaria we must give quinine; and in syphilis, mercury and iodides. This is treatment based upon the diagnosis. Is there any specific in pneumonia? We have in modern days struggled after a specific, and tried to think that the serum is of some value. I have used it considerably, but am free to say that as yet I cannot see that it is of any special value, and therefore I cannot recommend the anti-pneumococcic serum. I must say, in justice to some of my colleagues who have used the specific remedy that they have felt they did see some good come out of its use. Two years ago I used it quite considerably, but last year I did not use it because my experience did not prove to me it was a satisfactory remedial measure. It is true, those who have studied it closely do not recommend it. They say a pneumo-coccus infection is of such a character, that we cannot well hope for a remedy that will counteract the toxines in the blood. With this expression of opinion as to the specific medication, I go at once to a treatment based upon our conception of the morbid process of the disease.

2. Of course it is an infection and in consequence of the infection there is an inflammation, and, in consequence of this, toxines are manufactured and a toxæmia rapidly develops. Our first thought is, as soon as we have a case of pneumo-coccus infection, whether we are sure or not of the localization of the seat of the infection in the lung; but the temperature, the cough, the sputa, and the phenomena which we know so well make it morally certain that we have to do with a pneumonia, although the physical signs are wanting. In such instances we should at once go at the lung, hoping that we may control or modify the extent of the inflammation. I am one who believes thoroughly that we can do a great deal by this means, and hence as soon as I feel that the patient has been infected, that the lung is the seat of the infection, I dry-cup my patient freely, even though

I am not sure whether it is at the base or the apex. I do not hesitate when respiration increases to 40 or 50 to cup the patient. I not only do this once but repeat the cupping at the end of 12 hours, if there is increased respiration or other symptoms. I not only cup at the end of 12 hours but again the next day. I cup pretty extensively, and,as I shall explain later, it not only modifies the extent of the inflammation but also, and very largely, relieves many of the pulmonary symptoms.

There is with the infection, high tension pulse and all the general phenomena that attend an acute inflammatory process, so that if we limit blood pressure we are also going to limit the extent of the inflammation, hence I resort to mild purgation, and I give at once calomel, as soon as I am satisfied that the patient has a pneumo-coccus infection, with the object of securing a lower blood pressure. There is always in these cases a gastritis, as indicated by the vomiting and the furred tongue. If I administer it, I think I am also disinfecting the upper respiratory air passages and also modifying the infection: and secondarily, limiting the manufacture of toxines. I think, therefore, we have the best grounds in the world, from the nature of the process, to give a dose of calomel and follow it by a saline, in order that we may, in the first twenty-four hours, secure a mild purgative effect, and then, too, for the reason I want to mention more particularly. I begin at once with the use of water. Probably the first twenty-four hours I use only water internally. I use a large amount. Apply the water externally in every febrile patient by means of a sponge bath, and even use the dip bath if the temperature is very high at first. In this manner the first object is attained that we think is suggested by our conception of the morbid process, namely, the inflammation is to a certain extent limited, and remember, I do not think it is limited by the first cupping, or the second cupping but I think repeated cupping is required in order to bring about a result. I am sure of this, at least, that if cupping is done vigorously we allay the collateral congestion that occurs around the inflammatory area, and thereby prevent an infection of that congested area, which will certainly take place if the congestion is not relieved, and that probably is all that is necessary to do in a large majority of our cases of pneumonia. From this on it is a matter of good nursing, the moderate use of purgation, the use of water and the proper diet that I have mentioned.

But there are other indications derived from our conception of the morbid process. The manufacture of toxines goes on. We must

limit this manufacture of toxines as much as we possibly can, and we must aid in the discharge of these toxines, the liberation of them from the body, and, finally, we must neutralize the effect of the toxines.

Now we have limited the manufacture of toxines by lessening the amount of inflammation, or by an attempt at least to limit the extent of the inflammation. This, of course, limits the manufacture of toxines. In addition, however, we may limit the manufacture of the toxines by a thorough disinfection of the upper air passages, for there is no doubt that there are many of those micro-organisms which have a normal relation to the upper air passages and soon become pathogenic. Therefore, I start out at once to disinfect the upper air passages. I have said I give a dose of calomel—5 grains on the tongue and let it slowly dissolve from the tongue to the upper air passages. I think that has a good salutary effect as a local disinfection, but I am not content with that alone. I want the nurse to use mouth and throat washes. I think it of very great importance to disinfect the upper air passages, as much as we can, in order that we may limit, first, the occurrence of secondary inflammations, and, secondly, the manufacture of toxines in these regions.

However, the toxæmia has advanced in spite of our efforts to limit the extent of inflammation. It has been very virulent with extreme toxæmic areas. How are we to liberate the toxines? How are we to counteract their effects? The liberation of the toxines practically means the use of such measures as will keep up to the highest pitch free action of the kidneys. We know from investigation that the toxic qualities of the urine is enormously increased in cases of pneumonia, and we can modify this if we give our patient large amounts of water, if we introduce it into the system by the mouth and by other means. The amount of water that can be introduced into the system by the mouth is more or less limited. We cannot pour water into the mouth all the time. Far better if it is an alkaline water and a water that is mildly laxative. But there are limitations, and, therefore, I want water introduced by other ways. I want it introduced by the bowel, and the best way is to introduce normal saline solutions. Of course, introduce as large an amount as you possibly can, without the bowel being so distended by the amount as to cause the discharge of the fluid. A pint and a half would be probably quite sufficient.

Then, I do not hesitate to use, and I think we cannot be too assiduous in the use of normal salt solution under the skin. Indeed, so valuable

is this I think the necessary instruments that are required for its use should be a part of the armamentarium of every physician. I do not see how in this present day physicians can get along without their use, and I am sure I have seen the patient's life saved by the frequent use of hypodermic injections of normal saline solution.

Then, too, I use the water externally. Of course I use ice in the shape of the ice bag, particularly if I can localize the area of inflammation. If I cannot, I am not in a hurry to use ice, but wait until I know whether it is the apex or the base. If I cannot, therefore, localize the inflammation, and want to use external applications of water, I apply them over the whole thorax, and I use the method of Baruch, and I think that method is one of the most satisfactory methods I know of. I am satisfied it produces beneficial results. I believe it does limit to a certain extent, or helps to limit, the extent of the inflammation; but far better, I am sure it does help to counteract the effects of the toxæmia, or, perhaps I am going too far, it helps to eliminate the toxæmia, because cold applied in the manner Baruch has described, intermittently or constantly, over the surface of the chest, produces a stimulating effect. Consequently, after the application of cold in the manner that Baruch has told us, we see at once that fuller respiration takes place, the cyanosis that has developed lessens, the heart's action, which has been running from 120 to 135, falls to 110 or 100, and there is increased tone in the pulse, so that, in consequence of this, we have better renal elimination. The cold is applied not alone for the local inflammation, but it is also applied because it does help, by virtue of its effect upon the respiratory and circulatory apparatus, in the elimination of toxines.

Limiting the manufacture of the toxines first, and secondly, eliminating the toxines in the way that I have suggested is really the principal suggestion that we derive from our conception of the morbid process. Those of you who want to go a little farther and give medicines, as many do, and I see instances over and over again where it is indicated, can, in addition, for the elimination of toxines use the cardiac stimulants in moderate degrees—strychnine, nitro-glycerine and spirits. In a large majority of cases it does not seem necessary to go much farther, but it may happen we are not satisfied with the renal secretion, or with the use of the alkaline waters that are employed, or the use of the measures I have suggesetd, and we want to use something more stimulating to the renal function. Under these circum-

stances I would not hesitate to use sparteine. It is a perfectly safe remedy, while it can be applied by the mouth or hypodermatically, and we are thoroughly justified in using it with the object in view clear in our minds of what we are after, based on the conception of the morbid process.

But in spite of this, the toxæmia seems to be getting control, and we find sometimes it gets absolute control, becomes master of the situation, and it is our aim to counteract the effect of the toxines as much as we can. We have not any direct antidote for this purpose. We must keep up the strength of the patient, and particularly use the class of remedies that are required for eliminating the toxines, namely, the cardio-vascular stimulants that I have mentioned. As to alcohol, use large amounts or small, early or late, preferably not until specifically, definitely indicated, preferably in small amounts, of course, if possible. It is not necessary to give it because it is a food, because the disease does not continue long enough that the patient will waste away, as, for instance, in typhoid fever. Nor is it necessary to give it to cause an appetite, or for general reasons. When we want to give alcohol, give it only when you want to tide the patient over a critical point. Then I don't care particularly to use whiskey or brandy. I don't hesitate to use a small amount, and to use it frequently, so as not to get the toxic effects, as I am sure we do not get from champagne, using it every hour or every two hours during the 24 or the 48 hours of the disease when it is needed. I do not think it is needed through the entire disease in uncomplicated cases of pneumonia. I do not believe it is needed in ordinary cases, only in certain cases, and you want to give a preparation of alcohol that does not depress the patient, hence the use of champagne.

3. Indications suggested by the symptoms. The only symptoms possible that requires treatment outside of our conception of the morbid process is pain. Now, pain is a harmful thing. I am satisfied that many patients are very seriously affected by the pleuritis that gives rise to the pain. They are unduly shocked, more or less, and thence I am satisfied it is our business to relieve that pain as quickly as possible. It is only severe within the first 24 hours, and in an uncomplicated case in a person under 45 (I may say probably over 55, because you are all so robust and healthy here) I do not hesitate to use morphine hypodermatically until the patient is relieved. I am satisfied that this within the first 24 hours is a good thing. It is not necessarily indica-

ted unless the patient has pain. Of course, the ice bags employed may be sufficient, the cupping may be sufficient, and, therefore, the first 12 hours I wait to see if there has been the least relief either from the dry cups or from the ice bag, but if there is not I certainly will not allow the patient to spend the next 12 hours suffering from pain under those circumstances; I am sure we are doing the best for the patient if we give morphine.

4. The next grouping which I shall consider gives us indications for treatment in case of pneumonia. We have made our diagnosis, but we are not content simply with making a diagnosis of pneumonia, it is absolutely necessary that we should know thoroughly the condition of the nervous system, etc. The symptoms that arise are, of course, usually due to the complications. If the pneumonia has occurred in an alcoholic subject, the probabilities are we see very early symptoms of delirium tremens; perhaps, further, we may see that condition called a serous meningitis. When we see the approach of these it puts an entire different aspect upon the case, and indications for treatment are different. In delirium tremens, I do not hesitate to begin the use of alcohol, and to administer the form the man has been accustomed to. Approaching wet brain, serous meningitis, more or less stupor or coma suggested, probably difficult to distinguish from the comatose condition of toxæmia. This serous meningitis can be promptly relieved by spinal puncture. I have seen the most brilliant results from this treatment. In spinal puncture two or three ounces of fluid from the spinal canal will at once produce a delightful effect. There is no reason why it should not be repeated in 24 hours if necessary. In one of my patients I repeated it three times in 24 hours, and the patient got perfectly well. In other instances, it was not necessary to apply it more than once. You know perfectly well how safe the procedure is and how easily it can be employed, and without anæsthetics or any unusual procedure.

The cerebral meningitis is, of course, a pneumo-coccus infection, and this is the one which is the very best as far as prognosis is concerned. We know the patient is more likely to get well. We save a great deal of time when we employ spinal puncture, but I would not hesitate, I had it done once, to trephine the spinal column, opening the spinal canal and draining it. It is largely a matter of pressure in these cases, and if you relieve it your patient will have a chance to get well. The pneumo-coccus infection of all the serous membranes is not by

any means a grave infection as compared with strepto-coccus or staphylo-coccus, hence our fight is to gain time.

These are the chief indications which arise from an examination or a study of the nervous system. Where there is serous meningitis and we are satisfied this is associated with failure, or with lowered circulation, as indicated by blood pressure, I don't hesitate to give digitalis. They are the only ones, save those with heart disease, that I give digitalis to. It is of service also, or helps us to gain time in pneumonia, when there is meningitis, that is, the serous forms of meningitis.

Now, as to the gastritis that is likely to occur. It will probably disappear after the first 24 hours. The ice bag, or mustard poultice may be sufficient, or probably cold water coil for a short time will be enough. We cannot give as much water as we would like to give to our patients, but the use of calomel as I suggested will help. If the vomiting continues, I don't hesitate to give some bismuth, etc. It, however, is not usually a grave complication, except in alcoholic subjects.

Far different is the colitis that occurs. I consider we are likely to find an examination of the gastro-intestinal tract this to be a very serious symptom in pneumonia, and one that gives us indications for active treatment. We must not neglect the slightest diarrhœa, the slightest mucous diarrhœa. Probably it will be enough to wash out the bowel with normal salt solution and again with boric acid, but in spite of this there may be three or four passages in 24 hours, there may be a little pain or gradually increasing tympany. That is the one symptom. It is probably an evidence of toxæmia. It is more an evidence of the occurrence of colitis. Of course, for its relief we must manage the colitis as well as we possibly can, and probably better by the measures I have spoken of, together with large doses of bismuth, and with moderate doses of opium.

Nevertheless, the tympany may continue and become the chief symptom. We may feel from the enormous distension of the abdomen, the upward rising of the diaphragm, the dislocation of the viscera and seriously impaired re-action of the heart, that our patient is going to die. The rectal tube may relieve somewhat, passing it high and leaving the nozzle of the syringe in the rectum may be of service. If not, I resort to a remedy which I think I can with great confidence recommend, and that is eserine. It is a powerful stimulant, and has afforded

me very great satisfaction in cases of intestinal tympany due to the toxæmia, or to the colitis. I prefer to give it hypodermatically, but if we want to get a local effect in the stomach, we can give tincture of physostigma, or the eserine. From the cases in which I have employed it, and from some other cases of tympany in which I have seen it used, I feel satisfied we can place a great deal of reliance upon this drug, and don't hesitate to recommend its use in the management of these very disagreeable complications of pneumonia.

Treatment based upon the results of the examination of the kidneys. I watch the kidneys and renal secretion as much as I do the lungs. In fact, I don't care very much about the lungs, except to know the respiration rate, but I want to know a great deal about renal secretion, about the amount of urine passed, and the composition of it, andw hether there is present or not a nephritis. We want to know within the first 24 hours whether the patient is suffering from chronic Bright's disease and has got an attack of pneumonia on the top of it, which may modify the whole aspect of the case. It certainly would modify our use of morphia. I would not want to use morphia freely in the case of a person who had nephritis. I am sure under those circumstances the morphia would probably kill the patient. Therefore, in the first 12 honrs, have the urine examination made: Bright's disease first, pneumonia secondarily, or if it is Bright's disease coming on in the course of a pneumo-coccus infection. If the latter, I am not so very anxious. I don't modify my treatment as to the liberation of the toxines. I go more vigorously from the very first. I give all the water I possibly can to the patient in every way I think of giving it. In addition to cupping over the lungs I cup over the kidneys also, and I don't hesitate once in 24 hours to apply a hot bag. I use either a hot bag or a hot bath. I certainly, as I say, watch the kidneys more closely than I do the lung, and I expect by such watchfulness over these organs to get better results than if they were neglected. Other than fearing, therefore, renal insufficiency I pay but very little attention to the nephritis that occurs in the course of pneumonia, because I feel that what I am doing in general is the best thing that I can do for the patient.

Of course we watch the heart, and the indications arising from the examination of the heart vary with the period of the disease. Of course, I need not say that a person who started out with a bad heart in the beginning, or a patient who has a mild carditis is not managed

with the same degree of vigor in a case of pneumonia as the one who had a perfectly sound heart, and yet I would not hesitate to cup such patient, or to bleed. In addition, I use cold sponges and the cold bath from time to time.

It has been shown us by statistics that in the latter part of the disease a time comes when there is dyspnœa. I have seen it occur before the crisis, I have seen it occur after the crisis, I have seen the temperature fall to the normal, the doctor congratulating himself that the patient is going to get well when this comes. There is increased extension of the pulmonary second sound, and you have to relieve the heart or your patient is going to die. He has weathered the storm of the infection, the storm of the toxæmia, but he has now this dilated heart. Of course, prompt vigorous action must be employed. It is difficult to be quite sure whether you have a right-sided dilatation, or a failing heart from toxæmia, if it occurs before the crisis, and yet, I think, if you have kept a pretty close study of the case, you will be able to satisfy yourself that the dangers that have arisen are due to right-sided dilatation. Then it is I don't hesitate to bleed. I bleed from the arm, I bleed locally, I have used leeches, and have opened a vein. I not only bleed once, but I bleed sometimes a second time in the 24 hours. I take away 6 or 8 ounces, sometimes more. Nevertheless I have seen sufficient relief from 6 or 8 ounces. Relieve directly from a vein in the arm, and then the operation can be repeated if there should be a recurrence of the symptom. At the same time I give cardiac stimulants, strychnine, alcohol, nitro-glycerine and remedies of that character. It will be a considerable shock probably at the time. Two or three doses of atropine may be given. There are times when we have got to act vigorously, to have an enormous amount of faith in medicine, and I am sure we get brilliant results.

There are indications derived independently of the diagnosis of pneumonia. Not only do we have the local pneumo-coccus infection, but in many instances there is either a primary and often a secondary bronchitis, and I am sure we have to look after that particularly in older subjects. Bronchitis may require the usual expectorant remedies, though in a large majority of cases they are not required, but in some cases the use of iodide of ammonia or aromatic spirits of ammonia is valuable as a cardiac stimulant and for its effect on the stomach, etc. The secretion is much more free, but the prtient is in danger of choking. I give more stimulating expectorants, such as creasote

or that class of remedies that come in very well for the purpose that I am trying to indicate.

The pain of pleurisy and its management has been spoken of as far as we need go. And yet I want to say further that, if an effusion has occurred, as soon as the crisis is over I am one that believes we want to get rid of the effusion. I think it is not good for the chest. It is dangerous, and we ought to get rid of it, so I don't hesitate at all to remove this serum. Of course, if there is pus I not only aspirate but I have the chest opened at once.

5. Facts derived from the study of the social, the family, or the previous medical history. It is hardly necessary to say that the management of the disease is greatly helped by a knowledge of the habits of the patient. We know an alcoholic case, and the indications arise, but the social, the family and the previous medical history does not probably give us many facts upon which we base our treatment, as they do facts upon which we base our prognosis. The prognosis is very much guided by what we learn in the disclosing of the social, the family and the previous medical history. Nevertheless, in this infection as well as in other diseases, I do say that we cannot keep up a line of treatment, unless we consider the data, not only for diagnostic but for therapeutic purposes that we secure by working up these parts of the history.

Now this brings us to the point, gentlemen, that we are really not treating a case of pneumonia. We are treating a patient who has pneumonia, and that is the most important thing after all. In the case of those of us who are teaching students, it is much more important that we try to impress them with the idea that they are treating patients with disease rather than they are treating any disease at all; and if we do that, we can have them understand earlier in their career than they otherwise would that it is not necessary in probably 60 per cent. of the cases of pneumonia to do anything at all except very good nursing, but in the other 40 per cent. there is a great deal to do, so that it is a good thing to map out a plan of treatment, based upon the five main points I have given to you, and then I am sure they will treat the patient, which is the essential of therapeutics, and not treat the disease.

SEVERAL INCONSISTENCIES.

By Henry P. Clay, M. D., Pugwash, N. S.

The title of my paper might suggest a discussion of the inconsistencies of my professional brethern. Such however, is not my intention, although I am free to confess that a large field is opened in that direction. The inconsistencies of which I shall speak are those which obtain in our relations with corporations, governments, societies act. The idea was suggested to me on reading the Attorney General's remarks when kicking the medical bill out of the legislature last winter. The medical profession seems to be looked upon by the politicians as a useful thing about election times, and in accepting the treatment of which last winter's work is but a sample We are inconsistent inasmuch as the practitioners of medicine and surgery in this or any other province if combined can make or break governments at their will. No one can make a stronger canvas than the medical man who, sitting by the bedside watching the sick one, drops the quiet word on behalf of his candidate or party; while the candidate and his workers are enjoying the comforts of a good bed the doctor on his midnight travels has opportunities for promoting his welfare that cannot be equalled by any other worker. It is not necessary that one should desert his party, but every candidate should be given to understand by his medical friends that all measures for the promotion of the profession's welfare *must* be given favourable consideration, especially when emanating from the authorized sources; otherwise such candidates would get no assistance from the M. Ds, and a decided change would be seen. An amendment to any existing law is proposed, and ten chances to one that some moss-back M. P. P. will monkey with it until it is entirely out of shape or killed, and then take great credit to himself for getting ahead of the doctors. We have the remedy for all this within ourselves, and we should consistently act together and make our power felt to the procuring of complete and workable laws, for the protection of ourselves and the people at large.

An inconsistency, that appears prominently to my mind just now is the health act of two or three years ago, which provides

Read at meeting of Medical Society of Nova Scotia, New Glasgow, July 1909.

for the appointment of municipal health officers. The law says each municipality must or shall appoint a health officer, and provides the munificent salary of one hundred dollars in hard cold cash. In the county of Cumberland the municipal councillors refused point blank to respect the law, one reason being given that the pay was excessive, and the local M. P. Ps. were importuned to prevent the Government making the appointment according to law. In consequence, although the statute is very positive, we have no health officer or any one with municipal authority capable of dealing promptly with an epidemic: hence you find smallpox fairly well established at Parrsboro, and no one in the county with authority to take measures to prevent the spread of the disease. Why have laws enacted if it is to be left to the country politicians, ignorant of every requirement of the profession, to say if such laws shall become operative or not?

While we are devoting a good deal of time and considerable abuse to that genial cuss, the cancer doctor, we are allowing a class of practitioners in their special line to do more harm (and as ignorantly) than twenty so called cancer curists. I refere to the peripatetic and, I may add, stationary optician. The man with a cancer who falls into the hands of one of our friends with the salve box is only hurried out a little quicker than nature would do it, but what can be said on behalf of the hundreds of eyes throughout the country which are being daily ruined by these gentlemen of the drug store and the traveling bag, whose knowledge of the anatomy and physiology of the eye is about as profound as is that of the mole? Last autumn at the Provincial Exhibition, Dr. Moore of Kentville and myself watched the *modus operandi* of three setts of these traveling oculists. These men were licensed by the exhibition commission,—of which by the Grace of God, J Wilberforce Longley is president,—to sell their wares to the unsuspecting and unsophisticated ruralist who came within sound of their oily tongues. They tested eyes and fitted glasses, and raked in the shekels in the most approved faker style, and the profession allows it. Are we consistent in this?

Again, considerable gray matter is used up over sanatoria and the prevention and cure of tubercular disease. What are we doing by

reason of any law on the statute book of this province to prevent the culture of the white plague in our schools, the places where children spend the greater portion of their time. Old school buildings saturated with disease are allowed to be used, year after year, without any cleaning other than a scrub out. New buildings are erected without any idea of sanitation, either in heating, lighting or ventilation, all because no sanitary plans are prepared by qualified men: but instead the trustees of any school section can prepare plans regardless of sanitary conditions, and erect buildings which may after all prove a curse instead of what should be a blessing. In my own town a new school building is practically made worthless by reason of bad heating and ventilation, and the new building was only had after a hard fight against a faction who insisted upon repairing a 35-year-old-building at a cost equal to that of the new. Like the inconsistency of sending missionaries to convert heathens in foreign lands while lots of heathens are to be found at home, so is the effort to stop consumption by means of sanatoria, while the schools are the breeding places they now are for tubercle. Until school buildings of a certain age and condition are open to condemnation by a qualified official, and new buildings are erected on up to date plans, prepared by government order, we may look for little benefit from all our preaching and teaching in this direction.

Another inconsistency is the readiness with which we accept any old fee at all from corporations, societies or the government and insist upon the pound of flesh from our neighbor. Take goverment work. Anyone who has had to do with the Marine and Fisheries Department, for instance, can appreciate what I am about to say. The department has a scale of fees. No matter what the local or regular professional charge is, the Ottawa charge is a fixture. You are called to attend a sick mariner, you do your work and are provided with a blank form to fill out your account on. You swear your account is correct before a J. P. The collector of customs certifies to the regularity of your service and the bill is then sent to Ottawa, where in ninety-nine cases out of a hundred, unless you have a good pull, the figures are cut down and mutilated so you scarcely recognize the bill as being the one you rendered. The same thing obtains in the Indian Department, only I believe the

intention is to pay no bills for sick Indians, the late Dr. D. C. Allan having had one cut down from 95 to 3 dollars, showing how near to a clean cut off they could go.

In the matter of professional services to railway employees the conditions are scandalous. It is possible that some practitioners living at headquarters manage fairly well, but from what I have been able to learn, either by personal experience or from other medical men, the remuneration for services given injured and sick railway men, as fixed by the Employees Society, is entirely out of proportion to what would be charged private patients. One case will answer my purposes as an illustration: A compound comminuted fracture—a smash in fact—involving the ankle and whole of the foot was treated by Dr. Mackintosh at Pugwash. The management of this case required some very nice surgery and three night calls for catheterization. The railway relief fund allowed Dr. Mackintosh *twenty-five dollars*, twelve of which went to the gentleman who completed the dressings during convalescence. In private practice at least fifty dollars would have been a reasonable charge. Certainly there is some slight inconsistency here.

Another matter worthy of profound consideration is the fees allowed for giving evidence in courts of justice and at coroners inquests. The fee for evidence in a coroner's court is $5.00, which includes a post mortem examination if the coroner or jury require it. Evidence in criminal cases, in which the medical man may be innocently dragged by having been called to attend the victim of some unfortunate fracas, is paid for at the same rate that a necessary crown witness, who was *particeps communis*, receives, viz: 10 cents per mile travel and $1.00 per day witness fees. In a case in which I was called as witness the Crown Attorney allowed me $5.20 for 52 miles travel and $2.00 for the two days, or $7.20 for two days services, while the time spent with other medical gentlemen in trying to save the poor victim's life was given gratis as he left nothing for doctors or any one else. The lawyer acting for the crown got his cold $30.00 and incidentals. I came home at the end of two days with hotel bill and railway fare paid and a net surplus of about $1.00 or 50 cents per day. The Crown Attorney can allow more but there is nothing on the statute book to compel him to recognize medical evidence, expert

or otherwise, as being of more value than that of a tramp, who might have been a witness to the pistol shot or the knife thrust. Is this consistent?

Insurance companies publish in large type their accumulated surpluses, and offer their high financial standing as an argument why they should be patronized. Yet they tell you and me that the careful examination we have made of an applicant for insurance is only worth $3.00. Without the honest, intelligent selection of good subjects by the medical examiner, these boasted surpluses would soon vanish. Yet we are inconsistent enough to let these bloated capitalists in the insurance business fix our fees—tell us what our knowledge is worth.

Mutual insurance societies have set a very low rate for examinations and this matter has been pretty thoroughly threshed out by Dr. Goodwin before the N. S. Branch of the B. M. A. I am free to confess that I think the doctor not altogether consistent in his paper. No one is so hard on rum as the converted soaker. Having examined for a number of these fraternal orders I do not feel like calling myself altogether a fool for having accepted the exceedingly low rate. But I am willing and anxious to know how to remedy the undoubted evil that exists in this connection. Just recently a home circle was organized in Pugwash. I was asked by a number my of friends to examine them. Most of them were my regular patients. Had I refused, some of them would have been lost to me forever more, especially as another doctor was anxious for the job. There is a difference between country and city in this matter anyhow, but I am not so dead stuck on the business as to persist in my inconsistency if by so doing I bring reproach on the profession.

Our sanitary laws are not consistent so far as practical benefits to be derived from them go. The Provincial Board of Health should be made up of well known sanitarians with an executive officer clothed with arbitrary powers. As it is, politics has too much to do with appointments to provincial and local boards of health. The law as at present in force provides for municipal boards of health and gives them certain powers, but makes no provision for the enforcement of the most particular sections, and provides no means for the payment of bills incurred by these boards in the discharge of their duty. Hence, in the majority of places, the health laws are a dead letter,

being inoperative for want of sinews of war—dollars and cents.

The appointment of a medical man as sanitary inspector in rural or urban districts is not wise or consistent. Every qualified medical man should be a member of the local board of health, and should use his professional knowledge in instructing a sanitary inspector from among the lay people. The sanitary inspector as a servant of the board of health can do far better work than as a member of the board, and consequently in a way his own boss.

As a last matter in which we are inconsistent I would call your attention to the expenditure of very large sums of money on the Victoria General Hospital at Halifax, while the smaller hospitals such as are here in New Glasgow, and other places, are left to their own devices to raise money for maintenance. Small hospitals in the mining and manufacturing towns are as much a necessity as the larger one at the capital, and I believe the profession and public generally would be much more benefitted by having hospital conveniences at hand in a smaller form, than they are by having one large institution in Halifax City. We are inconsistent in this, inasmuch as we allow our rural legislators to do as they please, and we accept the conditions as we would a decree of the Almighty without a kick. My paper is already too long, but in bringing these matters to the notice of the profession at this time, I have moved with a desire to bring about changes that may at least benefit us to a limited degree. God's poor we have always with us, and it is to the honor of our noble profession that no case of real genuine poverty is ever neglected. But when it comes to doing work at half price for rich corporations, government charges and societies, whose lives depend upon the doctors' honesty, it is time to call a halt. Like the Irishman's cart before the horse, I have suggested the cure before announcing the disease. As I said in commencing my paper, let us give our legislators to understand that the requirements of the medical profession, which gives so much time and brains to the prevention of disease, without any hope of reward, must be attended to. Let us as men refuse to work unless we are allowed to fix the fee, and let us look more to the common rather than the individual interests, and the inconsistencies to which I have so imperfectly called your attention will become matters of ancient history.

THE
MARITIME MEDICAL NEWS.
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XV. HALIFAX, N. S., JULY, 1903. No. 7.

Editorial.

A FOUL BLOW AT THE PROFESSION.

The lay and religious papers of Halifax have been of late considerably exercised concerning the Boxing Exhibitions which have recently been given in the city.

The majority of lay writers have borne witness to the cleanness of the sport, and to the orderliness with which the bouts have been conducted. On the other hand the religious press has gone into a condition of "moral hysterics" at the idea that the "manly art" should have its exponents in Halifax, should hold competitions for money prizes, and above all should attract large gatherings of respectable citizens able and willing to pay $2.00 for the evening's entertainment.

We could well afford to let these disputants settle their differances by some argument and much irrelevant mud throwing, were not some of the latter aimed in a medical direction. A writer in one religious journal took advantage of the occasion to make a disgraceful attack on some members of the medical profession who were present at one of the exhibitions. These gentlemen were charged with the callous inhumanity of neglecting to give professional assistance to a contestant who was "knocked out" in one of the bouts, despite loud cries for a doctor; stating further, by more than innuendo, that the reason for this reserve was a desire not to draw attention to themselves and incur the odium which a public knowledge of their presence at such a scene might bring on their heads. This false statement, and if possible more false innuendo, for such they are whether made in ignorance or malice, were contradicted in the press, but we have seen neither retraction nor apology in the religious paper which sent the falsehood broadcast.

We may say for the benefit of those who have not followed the controversy, that the surgeon of the ship to which the man belonged was at the ring side, and had his finger on the man's pulse during the whole period of his "knock out," accompanied him to the dressing room, and returning in a few minutes reported him "fit." He was at his regular work at the regular hour—five o'clock—next morning, feeling none the worse.

The medical profession might perhaps well afford to treat these aspersions with the contempt they deserve, well knowing that in no body of men in the world can there be found so many willing to work and strive and incur often danger as well as obloquy for the cause of humanity and for the relief of its suffering. The religious press, which beyond others is cognizant of this, should be slow to slander by falsehood and innuendo even such base members of the profession as dare the shame of being present at such an exhibition of skill, temper and endurance as a well conducted and clean boxing match affords.

We do not intend to discuss the merits of boxing either as an exercise or as a sport, further than to protest against the ethics which would prevent boxing and tolerate and even encourage football and hockey. The "knockout" of a boxing bout is child's play compared to the concussion of the brain which frequently occurs at football, and the slashing and body checking of a hockey match, yet we have seen even members of the Evangelical Alliance intoxicated with the lust of victory, encouraging contestants on the football field.

The dozen physicians who were present at the contest referred to are, we believe, quite as respectable members of the community, quite as humane, probably doing as much for charity and mercy as the dozen self-constituted guardians of health and morals, who pass resolutions and draw up memorials against the boxing matches at the Armouries.

THE MEETING AT ANTIGONISH.

The recent meeting of the Medical Society of Nova Scotia will be pleasantly remembered by the visiting brethren. It is true that we were not heralded by brass bands and the noise of trumpets, but were met by the profession of Antigonish with the glad hand of true brotherhood. No baloon ascensions or automobile excursions had been arranged as a digression to the scientific part of the

programme, but in familiar words—suitably altered—"they have done what they could," and they did it well.

The "Smoker" was a most pleasant and varied entertainment, embracing seasonable refreshments, cigars of a high quality (duty paid), bright speeches, and a boxing bout of no mean calibre between two of the Halifax contingent. (As no report of the contest was taken, details will not be attempted here.) It may be incidentally remarked that the contestants' skill was not confined to the manly art at Antigonish, for it was currently stated that the circus then encamped there had disappeared like the abashed canine with its tail between its legs, sorely depressed at being "done" in a familiar game carried on by a class known in every walk of life, viz: "fakers."

The scientific part of the programme was one worthy of a gathering more pretentious in its scope and more practical than many which have preceded it.

The President Dr. J. J. Cameron, filled the chair most creditably, and his able address was eagerly listened to by the large audience present, while the Secretary, Dr. W. Huntley Macdonald, deserves more than passing notice in so ably performing the many duties of such a position.

All were pleased to see and hear Dr. Marcy, of Boston, and to know that he felt amply repaid at coming such a distance. The same can be said of Dr. G. G. Campbell, a Nova Scotian, who has made his mark in the great city of Montreal.

CANADIAN MEDICAL ASSOCIATION.

As already announced through the columns of this journal, the thirty-sixth annual meeting of the Canadian Medical Association will take place at London, Ontario, on the 25th, 26th, 27th and 28th of August, with Dr Walter H. Moorhouse of that city as President. Dr. George A. Hodge, Queen's Avenue, is Chairman of the Programme Committee, and Dr. Hadley Williams, Para Avenue, is Local Secretary, to either of whom or to the General Secretary, Dr. George Elliott, 129 John St., Toronto, titles of papers may by sent. Arrangements for reduced fares on the regular Standard Certificate plan have been already completed with the Grand Trunk and Canadian Pacific Railways, while negotiations are now in progress with the Intercol-

onial and the Canadian Pacific officials as to transportation rates from the Maritime Provinces and points west of Fort William. These arrangements will be published full in due time. In addition to those who have consented to read regular addresses, the following have signified so far their intention of being present and contributing papers: A. M. Rosebrugh, Toronto; Perry G. Goldsmith, Belleville; T. Shaw Webster, Toronto; R. Ferguson, London; A. Lapthorn Smith, Montreal; Henry Howitt, Guelph; Alexander McPhedran, Toronto; E. G. Wood, Nashville, Tenn.; C. W. Wilson, Montreal; Geo. H. Aylesworth, Collingwood; Jennie G. Drennan, St. Thomas. This list is every day being added to, and the Programme Committee desire that those contemplating should send in their titles without further delay. Entertainment is in the hands of a strong committee, and London is quite sure to do itself proud in this direction. It is understood that Western Ontario is going to turn out very strong to the support of London, and there is every probability that the largest attendance ever recorded will be equalled if not eclipsed. A great many members in the Western Peninsula who have not attended the annual meetings for years will take advantage of the proximity of this meeting to renew old acquaintances. The meetings will take place in the Normal School Buildings which are said to be the finest of their kind in Ontario.

THE MARITIME MEDICAL ASSOCIATION MEETING.

The programme of the meeting at St. John has been mailed to every member, so it is unnecessary to give details here. The meeting cannot fail to be a most pronounced success, and a large gathering from each of the maritime provinces is anticipated.

Editorial Notes.

A Valuable Weekly.—The *New York Medical Journal* and *Philadelphia Medical Journal* have lately been consolidated, with the result that all features of special value in both journals will be furnished to a larger number of subscribers. We can confidently recommend this weekly to our readers for its practical and scientific worth.

A Word of Sympathy.—The News extends to Dr. W. H. Rockwell, of River Hebert, its most sincere sympathy in the loss of his wife, whose death occurred on the 5th inst.; and we feel that we only bespeak the minds of his numerous friends in the profession throughout the maritime provinces.

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Society Meetings.

MEDICAL SOCIETY OF NOVA SCOTIA.*

The thirty-fifth annual meeting of the Medical Society of Nova Scotia was called to order at 2.30 p. m., July 1st, in the Assembly Hall of St. Francis Xavier College, Antigonish, Dr. J. J. Cameron, President, in the chair.

After a few introductory remarks by the President, the minutes were read and adopted.

The Nominating Committee was appointed as follows: T. J. F. Murphy, James Ross, R. A. H. MacKeen, H. H. McKay and W. G. Putnam.

Dr Clay referred to the Cogswell Library and asked why the catalogue had not been published.

The Secretary then referred to the resolution passed by the society last year.

Dr. L. M. Murray stated that he had lately been appointed on the committee in place of the late Dr. Halliday. Likewise that Dr. J. R. Millar had completed the catalogue as he (Dr. M.) had received a bill from him for twenty-five dollars. Dr Murray promised to bring the matter before the committee and see that copies of the catalogue were printed without delay.

Dr. F. E. Lawlor, of the Nova Scotia Hospital, then read the first paper: "Examination of the Blood."

Dr. H. H. McKay followed with "Further Remarks on Insomnia."

Dr. Lawlor, in discussing Dr. McKay's paper, said that many patients in the Nova Scotia Hospital were given bicarbonate of soda for insomnia as a placebo and very good results were produced. Likewise in some patients after washing out the stomach.

Dr. Marcy, of Boston, wished to thank Dr. McKay for such good common sense in his paper. He referred to Dr. Leonard's ideas in insomnia and the good effect from long rides, breathing deeply, etc. Oxygenating the blood was probably the cause.

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*The papers read will be published in the Maritime Medical News.

Dr. Ross then read a paper on "Experiences with Some Therapeutic Agents."

Dr. R. A. H. MacKeen referred to "Ung. Nigra" mentioned in the paper and its good effect in boils. He had never seen any good effects from chloretone.

Dr. M. H. McKay stated that he had never obtained any good results from chloretone in insomnia or vomiting.

Dr. H. H. McKay had seen good results from chloretone in vomiting after operations.

Dr. Murphy had not found chloretone satisfactory. "Ung. Nigra" in some cases had found it very good, including one case of erysipelas.

Dr. Hayes had no good results from chloretone. Possibly carbolic acid would have soothed the stomach just as well in the cases referred to, as the vomiting was probably due to local irritation.

Dr. Clay mentioned the good effect of a strong solution of permanganate of patassium in erysipelas. This he had discovered by experiment, having had no other remedy at hand when he first used it.

Dr. Chisholm, referring to chloretone, said it was hard to know where it was indicated. He had found it excellent after operations. In many other conditions it had been disappointing. In a case of pneumonia all hypnotics failed and the indications pointed to want of tone. Strychnine, phosphorus and iron were then given and patient slept four hours the first night and soon recovered.

Dr. R. A. H. MacKeen followed with a "Report of a Case of Appendicitis." This case was of a most interesting nature. Perforation had probably taken place and fully a gallon of pus had been removed from the abdominal cavity.

Dr. Marcy said he had never seen a parallel case in his thirty years' experience of abdominal operations.

Dr. Chisholm congratulated Dr. MacKeen on his good luck. He generally dispairs if perforation has existed over forty-eight hours.

Dr. Churchill, being absent, his paper on "Toxic Hæmoglobinuria with Report of Case" was read by Dr. Jost.

Evening Session.—This session was open to the public and a large number was present.

The Presidential Address by Dr. J. J Cameron, of Antigonish, was listened to with much interest by the members and visitors. (Published on page 223 of this issue.)

Dr. A. P. Reid then moved a vote of thanks to Dr. Cameron for his instructive address. Dr. Reid made reference to the wonderful progress of science during the past thirty years, mentioning the X-rays and Finsen light. We were probably on the threshold of a large amount of knowledge in the utilizing for treatment of diseases

The vote of thanks was seconded and put by Dr. Putnam, Vice President, and carried unanimously.

Dr. Cameron conveyed in a few words his thanks for the motion extended to him by the members.

The President then called upon Dr. Marcy, of Boston, to whom he referred in eulogistic terms.

Dr. Marcy thanked the President for his remarks and the pleasure it gave him to visit Antigonish and meet again his old class-mate, Dr. W. H. Macdonald.

Dr. Marcy then read his paper on "The Buried Absorbable Suture its Value in Surgery," which proved most instructive, giving his experience with tendon sutures and describing the different kinds used.

Dr. Chisholm referred to Americans being ahead in inventive genius. We were indebted also to Flint for his physiology, Thomas for his gynæcology, and to Dr. Marcy for distributing his pamphlets on the buried suture and the radical cure for hernia; also likewise indebted to him for coming to the meeting, and hopes he will come again. He had much pleasure in moving a vote of thanks to Dr. Marcy.

Dr. MacMillan also made a few eulogistic remarks in seconding the vote of thanks. Motion was put and carried.

Dr. Marcy then thanked the members for the motion and kind remarks.

Dr. D. A. Campbell's paper on the "History of the Nova Scotia Medical Society," in the absence of the author, was read by his son, Dr. D. G. J. Campbell. The paper was a very valuable contribution on the history of the Society and evidently consumed much time and labor.

July 2nd, Morning Session. The Nominating Committee's report for the ensuing year was read as following:

Place of Meeting.—Halifax.

President.—Dr. M. Chisholm, Halifax.

First Vice-President.—Dr. H. E. Kendall, Sydney.

Second Vice-President.—Dr. H. K. McDonald, Lunenburg.

Secretary-Treasurer. Dr. W. Huntley Macdonald, Antigonish (re-elected.)

Local Committee of Arrangements. -Medical men of Halifax.

Dr. H. H. McKay then referred to the recent epidemic of smallpox at Thorburn. The first house where it occurred he was asked to disinfect it, and as there were no other means of disinfection, he burned all articles in the house. Litigation on this account was instituted, which consumed three days, for which he was paid fifty cents a day.

Dr. Stewart believed that the steps that Dr. McKay took were justified and he would therefore move the following:

Resolved, That this society, having heard the statement of Dr. H. H. McKay in regard to the burning of clothing, bedding, carpets, wooden furniture, etc., during the recent epidemic of smallpox in Thorburn, endorse the action of Dr McKay as being warranted under the circumstances and a reasonable precaution against the spread of the disease.

Dr. A. P. Reid would like to second the motion only he would make it stronger. It was the only practical way to disinfect. A health officer has absolute power in the question of disinfection.

Dr. Cowie agreed with the sentiments expressed. Any criticism of Dr. McKay's action was only a matter of parsimony on the part of the county council. He hoped Dr. McKay would send in a bill for three days besides.

Motion put and carried.

The President then called upon Dr. Marcy who wished to make a few remarks.

Dr. Marcy said he had listened with considerable interest to the paper on the history of the society the previous evening, and he would like to offer a sum of money which was handed to the President —for the best history of the medical profession before the formation of the society.

Dr. Clay then moved the following:

That the society accepts with thanks the generous gift of Dr.

Marcy as a prize for historical research, and further resolved that Drs. John Stewart, W. Huntley Macdonald and James Ross be a committee to carry out Dr. Marcy's intention.

Dr. Bissett seconded the motion, which was carried enthusiastically.

The discussion on "Tubercular Arthritis," with special reference to the knee, was opened by Dr. John Stewart who dealt with its pathology, and followed by Dr. N. E. McKay on its treatment. (The discussion in full will be inserted in next issue.)

Dr. Clay followed with a paper entitled, "What Shall We Eat, What Shall we Drink and Wherein Shall We be Clothed," which was written in the author's bright and characteristic style.

Dr. R. A. H. McKeen said that his stomach did not always work well. He had been troubled with eczema of the hands, consulted an eminent dermatologist who told him to stop eating meat. He was soon reduced in strength, pneumonia developed and he nearly died. He found later that the eczema was due to the irritation of iodoform. Dr. Janes, of Edinburgh, told him in fermentative indigestion to eat a mixed diet in small quantities.

Dr. A. P. Reid wished to refer to the fact that next year would be the real jubilee year of the society and arrangements should be made of more than ordinary proportions.

Dr. J. Hayes then read a paper on "Cæsarian Section," relating a most instructive case in whom he had performed that operation after death and child lived for some months.

Dr. Chisholm referred to the paper as a most instructive one. A few days ago he had been called to see a similar case. Patient was a multipara. She had had two convulsions; urine was solid with albumin. The uterus was emptied and the albumin disappeared in three days.

Dr. H. H. McKay mentioned a similar case. Patient was unconscious when seen and he gave a hypodermic of pilocarpine. Soon afterwards delivery occurred.

Dr. Stewart pointed out the value of acting at once. Dr. Hayes' patient did not have any severe symptoms.

Dr. D. Murray then read a most interesting account of a case of "Strangulated Hernia with Unusual Sequelæ." Dr. D. Murray likewise referred to a boy, aged 12, suffering from diabetes who passed one pound of sugar a day. The case could be seen at the hotel.

Dr. C. P. Bissett followed with a paper on "Acute Inversion of the Uterus during Labor," and gave details of some cases he had met with in practice.

Dr. Cox referred to a case he had seen in New York. The patient was a Hungarian woman, and the inversion remained for some hours after delivery. The child weighed 15 pounds.

Dr. Cowie then brought to the attention of the society the Sanatorium being built by the Nova Scotia Government, and also the absolute necessity for a Board of Vital Statistics. There formerly had been a Bureau, but this had failed to continue for some years. In Halifax we can get a rough idea from death certificates, but no general idea can be obtained throughout the province. He moved that a committee be appointed to wait on the Government to open a Board of Vital Statistics.

Dr. N. E. McKay would like to have discussed the best method of attacking tuberculosis. The Sanatorium being built was not large enough for one county. He had pleasure in seconding Dr. Cowie's motion.

Dr. Clay thought the committee already appointed to wait on the Government would do.

Dr. Cowie would like a special committee to put all the measures alluded to in force. Also to have the Health Act changed and put tuberculosis under infectious diseases. Likewise attention to sanitation in Halifax houses, and the importance of educating the public.

July 2nd—Afternoon Session.

Dr. Clay referred to the committee on legislation appointed last year in New Glasgow and asked what had been done. Evidently, owing to the absence of the chairman of that committee (Dr. D. A. Campbell) much valuable information could not be obtained. He moved that another committee for the same purpose be appointed.

Dr. Bissett seconded the motion, remarking that the medical men had not been fairly treated by the provincial legislature. The motion was carried and the following committee appointed: Drs. D. A. Campbell, Chisholm, Murphy, M. A. B. Smith, and Clay.

Dr. G. G. Campbell, of Montreal, then read the Address in Medicine, which was a highly interesting paper on "Some Common Errors in Diagnosis." In it was pointed out the fact that mistakes were due far more to carelessness or lack of thoroughness in examination than to want of knowledge or lack of ability.

A vote of thanks was moved by Dr. Hayes, seconded by Dr. Mader, and tendered to Dr. Campbell for his valuable contribution.

Dr. L. M. Murray followed with a short account of his recent visit to some of the bacteriological laboratories of Canada and the United States.

Dr. A. P. Reid remarked that Dr. Murray was perfectly able to fill his present position by reason of his pursuing his studies in a capable and hardworking manner.

Dr. Chisholm then read a paper on "Venesection," which he regarded as a valuable remedy, but a two-edged sword. He had seen great benefit from it in œdema of the lungs from dilated heart. It was also useful but not so markedly so in cirrhosis of the liver and kidneys.

Dr. A. P. Reid said there was no drug that produced such marked beneficial effect as bleeding in ninety per cent. of pneumonia cases. It with a little tartar emetic was all that was needed.

The President remarked that in properly selected cases it was useful.

Dr. Cowie thought that stimulation was resorted to as indiscriminately as bleeding was formerly.

Dr. Cowie then asked to have his motion of the morning passed. On discussion it was thought that his motion could be incorporated with that of Dr. Clay's.

Dr. Stewart moved that the committee be composed of seven members instead of five as moved by Dr. Clay, adding Drs. Cowie and L. M. Murray.

Dr. Kennedy thought the sanitary regulations should be more widely known.

Dr. N. E. McKay seconded Dr. Stewart's motion, which was carried.

Dr. J. W. Reid next read "Report of Some Cases in Obstetrics."

Dr. Chisholm then moved, and Dr. Mader seconded, the following resolution:

"The members of the Medical Society of Nova Scotia, at their first meeting since the death of Andrew Halliday, late provincial bacteriologist, and bearing in mind the many interesting and useful communications made by him to the Society, desire to place on record their high appreciation of his character and accomplishments and

their sincere sorrow at his untimely death. They also extend to his widow and family their sincere sympathy."

Motion put and carried.

July 2nd—Evening Session.

Dr. Cox read the first paper of this session, the subject being "Nasal Tumors."

Dr. G. G. Campbell stated that he had seen three or four cases of asthma in children cured by removal of adenoids in the pharynx. Within a few months the cases began to improve and continued so. Asthma in early life should be referred to a specialist for examination.

Dr. Putnam said he had only one criticism to make and that was Dr. Cox had left nothing for him to say. He could corroborate what had been said about asthma.

Dr. Putnam then read a paper on "Further Remarks on Mastoiditis."

Dr. Geo. MacKeen wished to ask what connection there was between scarlet fever and mastoiditis.

Dr. Putnam replied that probably there was direct extension of infection from the scarlet fever sore throat.

Dr. W. Huntley Macdonald asked what steps should be taken if the lateral sinus was opened.

Dr. Putnam replied to go slowly and see if you have bone all around. If the sinus is wounded, pack it.

Dr. Cox said in regard to operation, he wished to emphasize that it must be thorough. He related a case where extensive involvement was present.

Dr. J. F. Ellis' paper on "Some Notes on Recent Epidemic of Smallpox," owing to absence of the author, was read by the secretary.

Dr. Clay referred to one remark in the paper, viz: "easy to get authorities to act promptly." If so they must be different in Sherbrooke than in other places, as his experience was you could not get the authorities to act promptly. There were no provisions in the Health Act to pay expenses in a smallpox epidemic. Town councils can readily order a general vaccination, as they meet often; but municipal councils do not meet often and are generally afraid to call a special meeting, as it might incur a little expense. The new committee on legislation might take this into account.

Dr. Bissett said perhaps it would be well to let an epidemic have its sway and teach the public after they get properly scared.

Dr. Chisholm often felt like Dr. Bissett when chairman of the Board of Health of Halifax to let the epidemic have its sway; but of course that would not do.

Dr. Kennedy said that Dr. Ellis and the authorities of Sherbrooke should be highly commended for the measures taken to stamp out the disease. Reference was made to the epidemic at Thorburn and the necessity for using energetic measures. No vaccinated persons took the disease. Of the 77 cases not one had been vaccinated. That community was now the best vaccinated in the province.

The President stated that we ask the legislature to protect the public—the profession asks no favors. Dr. Bissett's idea he did not believe in --not like the Hippocratic spirit. He believed if the committee waited on the government they would have proper laws passed.

Dr. D. G. J. Campbell, who had been acting secretary for the Board of Health of Halifax, said that a letter had been received from Dr. Roddick to urge the government to appoint a Dominion Board of Health.

The President then invited the members to "A Smoker" in the College Hall, after meeting adjourned.

Dr. Clay considered the meeting had been a very successful one. He had much pleasure in moving that the sincere thanks of the visitors be extended to the profession and citizens of Antigonish for the pleasant entertainment provided and also for the intellectual treat.

Dr. Putnam wished to second the motion. He felt grateful for coming the distance, for we received the height of hospitality.

Dr. Chisholm said he had much pleasure in putting the motion. At no meeting had he received so much benefit. The papers particularly were exceedingly practical. The motion was carried with applause and conveyed to the President.

The President, on behalf of the profession of Antigonish, thanked the members for the motion.

The Secretary, referring to notice of motion last year, now moved that fifteen minutes be the limit for papers and five minutes for discussion, excepting addresses in medicine and surgery.

Dr. Putnam seconded the motion. Carried.

Dr. Bissett suggested a note of the same be printed on the annual programme when published.

Votes of thanks were then passed to the following:

To Rev. Dr. Thompson and Governors for the use of the Assembly Hall;

To the railways for reduced rates;

To the Antigonish Club for privileges and hospitality extended.

The Society then adjourned.

THE LUNENBURG-QUEENS MEDICAL SOCIETY.

A meeting of the Lunenburg-Queens Medical Society was held at Bridgewater on June 16th. There was a good attendance of members from all parts of Lunenburg County.

Dr. March read a paper on Extra-Uterine Pregnancy; Dr. Hamilton, a short article on Medical Ethics, and several interesting case reports were given. A scale of fees was adopted and signed by every practitioner in Lunenburg County.

Officers for ensuing year were elected as follows:

President—Dr. H. K. McDonald, Lunenburg.

Vice-President—Dr. F. S. L. Ford, New Germany.

Sec'y-Treas—Dr. W. H. Macdonald, Rose Bay, (re-elected.)

Executive—{ Dr. W. H. Cole, Caledonia. Dr. E. K. Faulkner, Mahone.

The next meeting will be held at Chester on the first Wednesday of August, at which there will be an afternoon session. It would be a good opportunity for some of the Halifax practitioners to take a little outing and pay Chester a visit.

Personal.

Dr. W. W. Wickham, of Tignish, P. E. I., was married on June 25th to Miss Kate C. McFadyen. The NEWS extends its congratulations.

SEVERE REFLEX PAIN.—J. H. Tilden, M. D., of Denver, in the June number of the Chicago Medical Times, in an article advocating the use of tampons in gynæcological practice, reports, among others, a case which was characterized by severe reflex symptoms and which had not yeilded to the treatment accorded by the two other practitioners. Dr. Tilden's procedure was, the introduction of a glycerine tampon and the administration of antikamnia in ten grain doses (two five-grain tablets) to relieve the pain. The tampon was removed each night at bedtime and followed with hot water injections. The patient on being discharged, remarked, that since following this treatment she could run the sewing machine without the usual pain and tired feeling.

Book Reviews.

The Internal Secretions and the Principles of Medicine. By Charles E. de M. Sajous, M. D., etc., etc. Volume I. Physiology. Illustrated. Published by the F. A. Davis Co. Philadelphia.

The first volume of Dr. Sajous's work, which is to be complete in two volumes, deals with physiology, general pathology, general therapeutics and immunity. It differs entirely in its conception from any work on medicine that we have immediately inspected by us, and notwithstanding the somewhat ruthless way in which many of our most highly believed theories are pulled to pieces, the ingenuity of the author compels admiration. New ideas are advanced as to the part played by the various elements of the blood in nutrition, as to the means by which nutriment gets to the tissues, as to the functions of the different cells, etc., but it is especially around what the author terms the "Arterial System" that interest centres. This system is composed of the thyroid gland, the anterior pituitary body and the adrenals, which are considered to be directly connected through the solar plexus, the splanchnic nerves and the cervico-thoracic ganglia of the sympathetic. The anterior pituitary body, heretofore thought to be practically functionless is by Dr. Sajous conceived to be "the most important organ of the body, as governing centre of the glands, and, therefore, of all oxidation processes." Second in importance comes the posterior pituitary body, which Sajous regards as the "chief functional centre of the nervous system."

Vitality or vital resistance is dependent upon a proper balance being maintained by the anterior pituitary body. Overactivity of this organ, by increasing the production of adrenal secretion, increases metabolism and the activity of all functions; deficient action has the reverse effect. The physiological purpose of the thyroid gland is to sustain the functional efficiency of the thyroid. "Symptoms of infection or poisoning are all manifestations, more or less severe, of *overactivity or insufficiency of the arterial system.* Indeed, *the physiological action of remedies was also traced to the anterior pituitary body,* the governing center of this system."

Following such extraordinary statements as the foregoing, it astonishes us less than it otherwise would to be informed that "the rapid utilization of alkaline salts, especially sodium chloride, in the organism, and the fact that they are inadequately, if at all, replaced through their normal channel, the digestive tract, during disease, proved to be the predominating cause of death."

The argument which Dr. Sajous sets forth in support of his hypothesis is both ingenious and interesting, and one cannot but admire the wonderful industry which has been shown by the author in compiling his work. And still one feels at once that too large a claim is made for the theory advanced. Any very revolutionary a doctrine naturally arouses opposition, and so general an adaptation as that which Dr. Sajous urges is almost more than flesh and blood can stand. Moreover upon reading the volume, numerous instances are noted in which quotations from the writings of others appear forced to support the theory, even though their aptness is not apparent.

There is little in the way of experimental proof undertaken for the purpose of substantiating Dr. Sajous's claims, although free use is made of the literature and frequent reference is made to such results of the experiments of others as are supportive of his views. Nevertheless a work so suggestive as that for which we have to thank Dr. Sajous is of very decided value. Quite apart from the novel teaching which it presents, his book gives a very excellent resumé of a great deal of the recent advance in our knowledge of problems in morphology, physiology and pathology, all put forward in a peculiarly interesting manner. So while we cannot, as yet, endorse fully the author's views, we can heartily congratulate him upon having produced a work which will set the profession thinking, and one which is of very great merit.

W. H.

Notes.

SANMETTO AS A GENITO-URINARY TONIC AND REMEDY.—I have prescribed Sanmetto in a number of cases of incontinuence of urine with gratifying results. I believe it to be a remedy par excellence in all cases of genito-urinary complaints. I have reason to believe that Sanmetto posseses aphrodisiac properties equalled by few remedies at our command.

Moxahala, O. G. G. SNYDER, M. D.

The attention of our readers is called to the advertisement of the Lacto-Globulin Co., of Montreal, who are placing on the market a new proteid food which appears to be a decided improvement on the foods now before the profession. This food contains 83% of proteid matter and 4.76 of phosphate of calcium, sodium, potassium etc., which it is claimed are converted by the process into glycero-phosphates. The principal scientific achievment claimed by the manufacturers is that the process preserves in concentrated form the natural digestive blood-enzymes of fresh milk. The process was discovered by two medical men in Montreal who have been devoting the last ten years to this subject, and the preparation is being placed in the hands of the profession solely, as an adjuvant food in all cases of mal-nutrition, indegestion, wasting disease, etc. Its value has already been practically demonstrated in a series of clinical tests, and the food will fill a long-felt want if it fulfils the claims made for it.

The manufacturers will offer every opportunity to medical men to test this food by sending samples as required.

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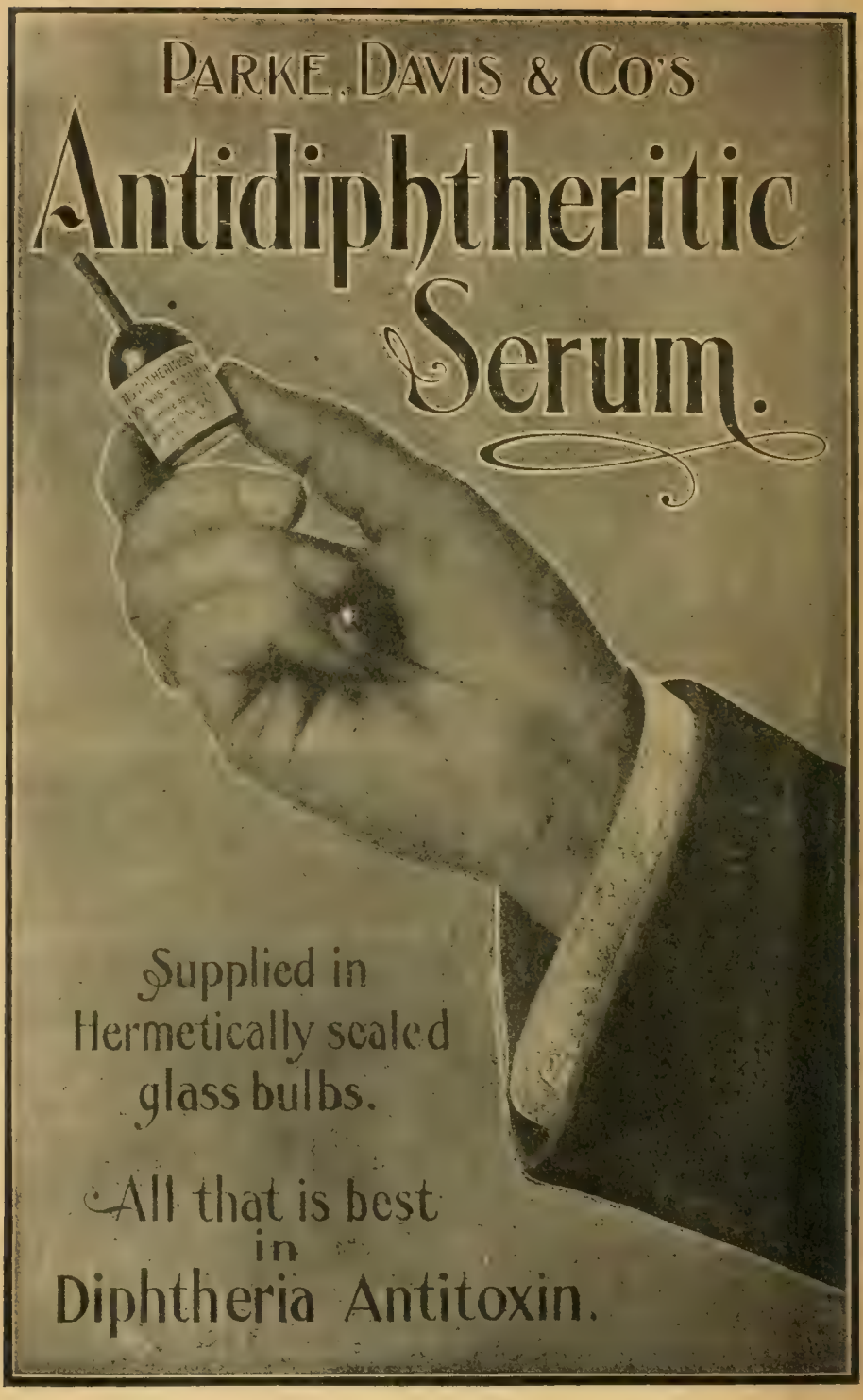

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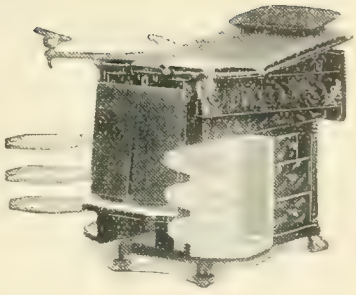

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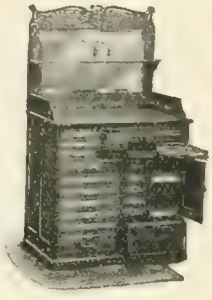

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Medical Society of Nova Scotia.

35 ANNUAL MEETING.

The Annual Meeting will be held in Antigonish, Wednesday and Thursday, July 1st and 2nd, commencing at 2 p. m. on Wednesday. All who intend reading papers or presenting cases at this meeting must notify the Secretary as early as possible.

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Maritime Medical Association.

THIRTEENTH ANNUAL MEETING.

The Annual Meeting will be held in St. John, N. B., on Wednesday and Thursday, July 22nd and 23rd.

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"All registered Practitioners in the Maritime Provinces are eligible for membership in this Association.

All who intend to read papers at this meeting will kindly notify the Secretary as early as possible.

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The Twenty-Third Annual Meeting will be held at St. John, N. B., in the Church of England Institute Rooms, Orange Hall, Germain St., at eight o'clock on the evening of July 21, 1903.

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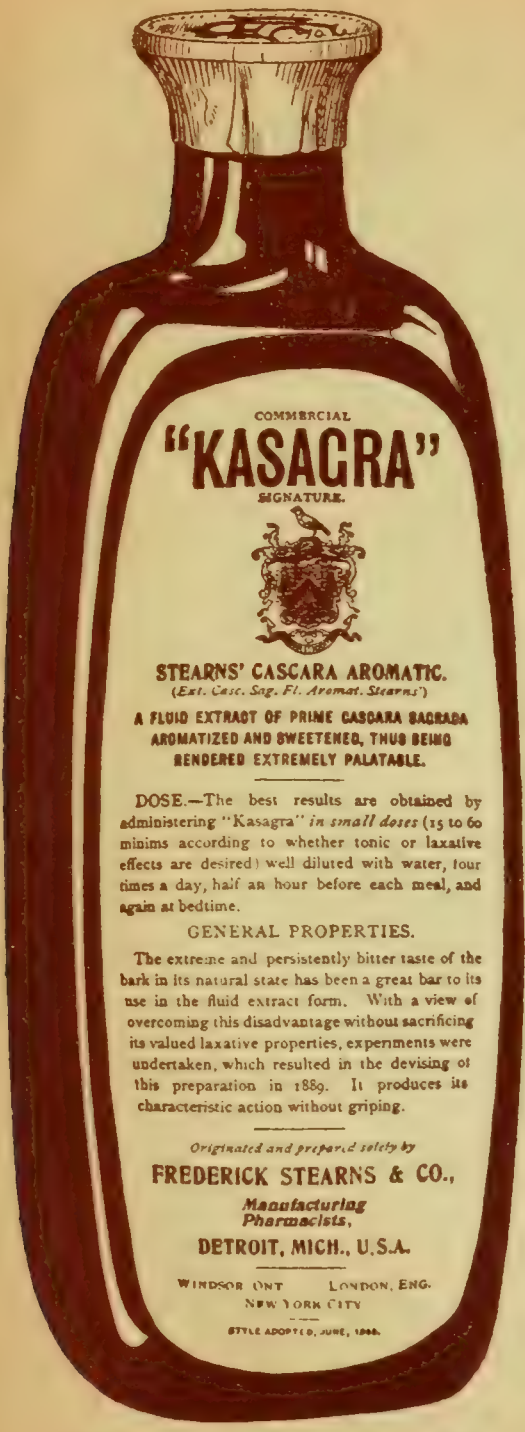
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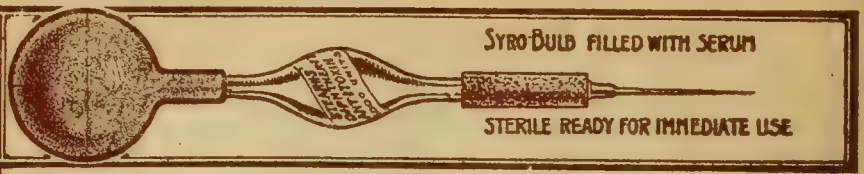

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VOL. XV. HALIFAX, N. S., JUNE, 1903. No. 6.

Original Communications.

CHRONIC SUPPURATION OF THE ACCESSORY CAVITIES OF THE NOSE.*

By A. PIERCE CROCKET, M. D., St. John, N. B.

Chronic suppuration of the accessory cavities of the nose is a much more frequent affection than is generally supposed, and of these cavities the maxillary antrum is the most frequently affected.

The five cavities, viz., maxillary antrum, frontal sinus, anterior and posterior ethmoidal cells and sphenoidal sinus, discharge their secretions into the nose through small tortuous canals, which, with the exception of that for the frontal sinus, are badly placed for drainage. To the action of the ciliated epithelium a continuation of that lining the cavities is the transmission of the natural secretions of these cavities due, except in the case of the frontal where its dependent position probably plays some part in the transmission.

It is obvious that any pathological condition of the nasal mucous membrane renders the membranes of these cavities liable to disease, either by transmission or obstruction or both, with consequent decomposition in the cavities of the natural secretions.

Investigations during the past few years would indicate that influenza furnishes the largest percentage of cases of accessory sinus suppuration. Among other causes may be mentioned caries or necrosis or the deposition of new bone as the result of periostitis, giving rise to a roughening of the walls of the cavity; foreign bodies, which in the case of the antrum may be carious teeth; ozæna, syphilis, tuberculosis or malignant disease.

*Read before the St. John Medical Society, April 29th, 1903.

These cavities may be arranged according to the situation of their outlets into two series—the anterior and posterior —the anterior series comprising the maxillary, frontal and anterior ethmoidal cells, open into the hiatus semi-lunaris which opens into the middle fossa of the nose; consequently in unobstructed suppuration of these cavities pus will be found in the middle fossa.

The posterior series comprising the posterior ethmoidal cells and sphenoidal sinus discharge their contents posteriorly, and in unobstructed suppuration of these cavities we find pus at the posterior part of the superior fossa, running down over the posterior part of the middle turbinate and into the post nasal space and upper pharynx.

The division into these two series assists us, from the position of the pus, in locating the source of the trouble. For the diagnosis of the individual cavity affected other methods must be employed.

By far the most frequently affected cavity is the maxillary antrum —yet we must remember that other cavities may at the same time be affected and drain their contents into the maxillary antrum, which is acting as a reservoir.

A patient comes to us complaining of an offensive unilateral discharge from the nose. This may or may not be associated with headache, chiefly frontal, more marked in the morning, which may completely disappear by noon. On examination we find on the affected side a turgescent membrane, enlarged inferior and middle turbinates —the latter presenting a polypoid condition or actual polypi, and pus in the middle fossa. Polypi in the nose as in the ear in the vast majority of cases are but symptoms of deeper disease, the recurrence of which, after removal, can only be prevented by the removal of the cause—prevent the suppuration and the repeated use of the snare will be unnecessary.

Having excluded syphilitic ulceration and foreign body, the position of the pus directs our attention to the anterior series, viz., maxillary antrum, frontal sinus and anterior ethmoidal cells. The polypi having been removed by snare or other instrument which enables us to tear them from their attachment—not to cut them—the patient returns in a day or two when hemorrhage has ceased and a better view of the nostril is obtained. The pus is carefully wiped away and the patient directed to hold his head with the affected side upward. The nostril is examined in a short time, and if the pus has re-accumulated we may feel fairly

certain we have to do with at least a maxillary antrum suppuration. The pus is again wiped away and the patient directed to sit with his forehead downward. Neither the frontal sinus nor the ethmoidal cells can drain in this position, consequently if pus runs we know we are dealing with an empyema of the maxillary antrum. In some cases, however, this test gives negative results and we have to fall back on other methods.

Transillumination, particularly in frontal sinus suppuration, has not been a success—the results usually being negative. Its excuse for existence lies in the fact of its confirmatory diagnosis in some cases of maxillary antrum suppuration. It is a well known fact that pus may transmit light, and the maxillary antrum may be filled with pus and yet little or no difference between the healthy and the unhealthy side be distinguishable. In the successful cases of transillumination, as when the antrum contains polypi, the diseased side is much darker than the healthy, and the semicircular ray of light below the eye on the healthy side is absent on the diseased side, as is the pupillary reflex, and the patient with both eyes closed will distinguish the light being turned on and off only on the healthy side. In transillumination we must never forget to previously remove any upper artificial plate which may be present, else our diagnosis may be double maxillary antrum suppuration. Sometimes in transillumination thickened membrane will give a much darker appearance on one side than on the other, and here again transillumination fails us.

The method of diagnosis *par excellence* is the washing out of the cavity suspected either through the natural opening, or in the case of the maxillary antrum through artificial puncture. In the latter case this is done by means of a sharp pointed cannula about four inches long, attached to a piece of rubber tubing and connected with an ordinary syringe. The inferior meatus having been cocainized with a 10% solution of cocaine applied with a pledget of absorbent cotton, the puncture is made immediately below the inferior turbinate about one inch behind its anterior end. The point of the cannula having entered the cavity the patient is directed to hold the head forward, the cavity is washed out, and the presence or absence of pus at once demonstrated. In the case of the frontal sinus a small silver cannula about six inches long, bent in the form of the letter S, with the same attachment as that used for the cannula for the maxillary antrum, may be successfully introduced along the sinus

into the frontal cavity. This opening may be covered by an enlarged middle turbinate—the anterior portion of which should be removed to allow the passage of the cannula. This procedure alone will, on account of aiding drainage by removal of an obstruction, sometimes affect a cure. Having, by this means, washed out the frontal sinus, the presence or absence of pus is readily demonstrated. We are left then with but one cavity of the anterior series, viz., the anterior ethmoidal cells, and we make our diagnosis here by washing out the cavity with the aid of a suitably bent cannula, or by exclusion.

As regards suppuration of the posterior series, comprising the posterior ethmoidal cells and sphenoidal sinus, the diagnosis of the exact cavity affected is somewhat more difficult. In those cases of sphenoidal sinus suppuration where the anterior wall of the cavity is diseased, the diagnosis may be readily made by passing the finger through the mouth and post nasal space to the anterior wall of the cavity, the diseased condition of which can readily be recognized by the softened bone which can readily be broken by slight pressure of the finger. In this way the greater portion of the anterior wall may be removed and the cavity thoroughly exposed and any diseased bone, membrane or polypoid tissue scraped away with a curette or ring knife. In those cases where the anterior wall of the cavity is not softened by disease, the natural opening must be looked for and this in the great majority of cases can only be brought into view by removal of the posterior part of the middle turbinate. This having been done a hooked probe is passed through the ostium into the cavity, which is throughly exposed and any carious bone or polypi recognised. If the disease is confined to the mucous membrane of the cavity, daily washing out with the aid of a suitable cannula will readily affect a cure, but if diseased bone and polypi are present, the extent of the cavity having been ascertained by the hooked probe, the anterior wall is carefully broken down with Grunwald's forceps or other suitable instrument, carefully curetted and daily washed out until the discharge ceases.

Having established our diagnosis of empyema of the anterior and posterior ethmoidal cells, we must here consider the indications for operative treatment. The risks must be balanced against the danger and inconvenience entailed by leaving the disease alone, for in this region suppuration is extremely liable to extend not only to the

antrum and frontal sinus, but also to the orbit and cranial cavity. The resulting polypi, headache and inability to fix the attention will influence us in our treatment. When only a few of the cells are affected we may, with the use of a local anæsthetic, remove the polypi and cut away with Grunwald's forceps or ring knife the walls of the affected cavities, and in this way may affect a cure; but when both anterior and posterior ethmoidal cells are affected a radical operation will be required, and this consists in the complete obliteration of all the cells. A general anæsthetic having been administered, a large Meyers ring knife is introduced into the nasal cavity horizontal to but above the inferior turbinate, care being taken that the ring portion is not pushed too far up. The middle turbinate and the ethmoidal cells which lie under it are carefully scraped away with gentle but firm pressure. As we are almost wholly dependent upon the sense of touch, not being able to see the field of operation, we must frequently insert the finger into the nostril and observe our progress. The diseased tissue will be recognized by its soft succulent condition containing spicules of diseased bone. These are thoroughly scraped away and the nostril packed with strips of gauze to prevent hemorrhage. In some cases the orbit has been opened with the resulting "black eye" for a few days. A few recorded cases of meningitis, as the result of the entering of the cranial cavity, have been recorded, but with attention to the above details this should be avoided.

In speaking of diagnosis of frontal sinus suppuration, I stated that by removal of a portion of the middle turbinate for diagnostic purposes, a cure, in many cases, was affected by the increased facility for drainage which the procedure afforded. This failing we may resort to daily washing out of the cavity where this is practicable. In a certain percentage of the cases, however, we must resort to the radical operation -an operation not devoid of danger, and the indications of which are: (1) severe pain; (2) deficient drainage; (3) bulging of the cavity; (4) external sinus; (5) cerebral symptoms; (6) general ill-health due to the disease.

A general anæsthetic having been administered, a large sponge is placed in the post nasal space. The eyebrow having been shaved and skin cleansed, an incision is made in the line of the eyebrow commencing at the inner side and passing outwards to the supra-orbital notch. This should be carried down to the bone and the periosteum thoroughly divided and detached, when a small opening is

made with a chisel through the inferior wall of the sinus. Having ascertained with a probe the extent of the cavity, which varies in many cases, the opening is enlarged sufficiently to enable its interior to be thoroughly examined. The skin incision is now extended downwards to the level of the inner canthus. The periosteum is detached from the inferior wall of the sinus, in doing which the pulley of the superior oblique muscle will be displaced, causing slight temporary diplopia. The inferior wall of the sinus having been cut away, and any polypi removed, the remaining portion of the cavity walls are examined for caries, perforation, etc., which, if found, must be dealt with. If there is caries of the bony walls and the sinus cavity not too large, it is better to obliterate it, and this may be done with little deformity by removing the anterior and inferior walls with a chisel or bone forceps and thoroughly curetting the remaining wall. A large drainage tube is then passed down the infundibulum—its upper end being fixed to the skin at the inner angle of the wound and the lower end brought out through the anterior nares. The rest of the wound having been sutured, a pad of boracic lint kept wet with solution of boracic acid should be applied and frequently changed. For the first twenty-four hours the solution should be kept iced to prevent swelling and extravasation into the orbit. The sutures may be removed at the end of a week or so, and the drainage tube syringed daily and changed about the fourth day.

For the treatment of maxillary antrum suppuration, the daily washing out of this cavity will also in some cases effect a cure. The antrum is perforated with a small antrum drill, through the socket of the first or second molar tooth or either of the bicuspid teeth. A small spiral is placed in the opening made by the drill, and through this the cavity can be washed out as often as is necessary, at least twice a day, with a saturated solution of boracic acid. In about 50 per cent. of the cases is a cure in this way affected. The opening should not be too large, else particles of food will find their way up into the antrum and may re-infect the cavity.

When there are secondary changes in the lining membrane of the cavity, such as polypi or caries of the antral walls, or when there is a foreign body in the antrum, or it is simply acting as a reservoir, a cure from the above method cannot be expected and we must resort to a radical operation, the indications of which are: (1) distension of the antral walls; (2) where an external sinus communicates with the

cavity; (3) when polypi are present in the antrum, or caries of the walls; (4) when the simpler methods fail to affect a cure. A general anæsthetic having been administered an incision about one inch long is made over the canine fossa at the reflection of the mucous membrane from the alveolar border on to the cheek carried right down to the bone, and the periosteum reflected both above and below the incision. A large opening is then made with the chisel in the anterior wall of the antrum, and the cavity thoroughly explored. All polypi and granulations are removed, and any carious spots of bone thoroughly scraped. Finally, a large opening is made into the inferior meatus and the septum between it and the antrum removed. After completion of the operation the outer opening is allowed to close and the subsequent treatment is conducted from the nose. A modification of the above operation, in which the object sought is the obliteration of the antral cavity, is gaining in favor. By it we avoid the large opening into the nose. Having removed all of the anterior antral wall the antrum is thoroughly curetted all membrane removed and a strong solution of chloride of zinc applied. The cavity may or may not be packed with gauze for 24 hours. A few granulations form a membranous covering replaces the external bony wall of the antrum and becomes attached, through the granulations, to the inner wall. Thus we have completely obliterated the cavity and consequently cured the antral empyema.

EXTRA-GENITAL SYPHILITIC CHANCRE.

By George S. Whiteside, M. D., Boston, Mass., Assistant Genito-Urinary Surgeon to the Boston Dispensary; Assistant in Anatomy at the Harvard Medical School.

Extra-genital syphilitic chancres, especially those situated on the face, occasionally come under our observation, and several important questions are forced upon our attention concerning them.

Statistics show that about six per cent. of all syphilitic chancres are extra-genital.*

Of these, by far the larger number occur in women. The most common situation, perhaps, is in the neighborhood of the anus, and next in frequency and, therefore, of importance is the mouth or lips. Of 83 cases of undoubted syphilitic chancre which have come under my observation, 4 only have been extra-genital. After reporting these four cases we will consider briefly some important points in relation to them.

Two of these cases are male and two female.

Case 1. Man. Age 34. May, 1900. Two weeks after a natural coitus, a small papule appeared at the upper border of the pubic hair. This enlarged, became a small ulcer and still enlarging was, when the patient came to me, the size of a half dollar. At that time he had noticed it for ten days. The lesion was a circular ulcer with well defined edges and markedly indurated. The only especial interest in this case is the position of the chancre. The subsequent progress of the case was typical. The superficial inguinal glands on both sides became somewhat enlarged, hard and discrete. A general papular eruption followed in due time.

Case 2. Man. Age 26. February, 1903. Came to me with a well developed ulceration situated in the middle line on the dorsum of the tongue, one inch from the lip. He denied all knowledge of exact mode of infection, although admitting illicit intercourse on several occasions within the previous four weeks. The ulcer was about the size of a 5 cent nickel piece, had well defined edges and a greenish-gray floor. The dorsum of the tongue not involved in

*Morrow's System of Genito-Urinary Diseases. Vol. 2, page 83, 1898.

the lesion was thickly coated with a brownish deposit. The chancre was markedly indurated, the induration extending about one-quarter of an inch beyond the border of the ulcer. The entire tongue was considerably swollen, so that the patient had much difficulty in chewing or swallowing food. The glands on both sides of the neck showed a typical adenopathy, especially on the left.

On account of the uncomfortable position, and owing to the possibility of œdema of the larynx, treatment was begun at once.

The secondary rash appeared late, but was unmistakable. It was most marked on the face and forehead, with a few scattered papules over the scapulæ; none elsewhere. The further progress of the case has been uneventful. Healing of the ulcer took place rapidly, being complete in nine days.

The initial treatment consisted in the injection of 1.5 c. c. of the following solution, once daily for five days: then omitting treatment for three days: injection was repeated once daily for seven days.

The solution used was:—

Hydrarg bicyanid.	0.6
Cocaine muriat.	0.04
Aqua distil	30.

This was injected deep into the pectoral muscle on the right and left sides alternately. After the first fifteen days of this treatment, a course of inunctions with unguentum hydrarg. was begun after the classical plan.

Case 3. Female. Age 28. August, 1898. Came for treatment of a moderate sized, indurated chancre of the lower lip, just to the right of the median line. No great discomfort accompanied this lesion, so a palliative course was followed until the appearance of the secondary rash, five weeks later.

The patient was a married woman, and could not account for infection unless from the tin drinking cup provided in the railway trains. Her husband presented himself for examination, and was found to be free from any signs of syphilis. They had been travelling much in the train during July: she accompanying him on his business trips through the New England States.

Treatment was begun during the secondary stage, and has progressed satisfactorily. She is now entirely well, and in December, 1902, gave birth to a full term infant, which has never showed any signs of syphilis. She was under treatment during the course of the pregnancy.

Case 4. Female. Age 25. June, 1896. Consulted me for syphilis of five months' standing; a practically untreated case, since she had made only infrequent visits to her former medical adviser, and had not carried out his treatment. She was a married woman, and it afterward transpired that her husband was in the secondary stage of an acquired syphilis at the time of her infection.

The primary lesion was a moderate sized, indurated, crusted ulcer of the upper lip near the outer angle of the mouth, on the left side. Examination of her body showed a serpiginous rupia situated between the scapulæ, besides large, discrete ulcers on the chest, abdomen and limbs. Inunction treatment was out of the question because of these many ulcers, and so mercury was given by mouth. The chancre healed first and the other sores later, but within three months all had cicatrized.

The further progress of the case is not of importance for this article, except to say that, owing partly to the failure of the patient to strictly follow directions given her, the disease has proved very intractable, and she is still under my care. She has never, luckily, become pregnant since her infection.

These cases may be put into two general classes. The first class are those where the sore is no more inconvenient or objectionable than a genital sore would be. In this class, treatment should be deferred until the appearance of the secondary eruption, which clinches the diagnosis. Case 1 is an excellent sample of this.

Case 2, and in some individuals, case 3, would call for immediate treatment. It is of this class I wish especially to speak here.

All authorities, I think, now agree that it is best to wait until the appearance of such typical signs of the disease that there can never afterward be a doubt as to the diagnosis. In case 2 it was, however, imperative to begin treatment at once to relieve the distress and possible danger caused by the peculiar situation of the chancre. It is very important for us to bear in mind that we should not jeopar-

dise the life or general health or even the reputation of our patient by adherence to the rule of waiting for secondary symptoms to confirm our diagnosis.

It is perfectly true that many cases of so called chancroid are later found to have been true syphilitic chancres without clearly marked induration. I have had three such cases within the past six months. But it is, I think, unusual for an ulcer to seem to be a true syphilitic chancre showing all the classical signs of that lesion, and afterward prove to be an ulcer of a more innocent variety. Therefore when, because of its shape and appearance, and above all when typical induration of its base stamp an ulcer as a true syphilitic chancre, we will rarely, if ever, make a mistake by beginning mercurial treatment early, for the relief of the local conditions due to the chancre. This is especially true with male patients. In women the diagnosis of syphilis is often difficult and obscure: in men it is usually much more clear and easy.

If we are to begin mercurial treatment for the relief of urgent local symptoms, what is the quickest, sure method of administration? Almost all will agree that the hypodermic method is the most rapid way to bring the system under the influence of the mercury. In hypodermic medicaion we have choice of many preparations.

Calomel is the type of insoluble salts which can be used, and corrosive sublimate the most generally popular soluble one.

The calomel method has many advocates. To my mind the dosage is too inexact. If a given quantity of calomel is deposited in the tissues no one really knows exactly how long it will take to absorb. It is also impossible to even guess how much of the entire amount is absorbed each day. Some books state that abscesses sometimes follow its use. I have tried it in a considerable number of cases without having had a single abscess. Perhaps I did not try it long enough. This objection seems to me of no great moment, but I have abandoned calomel for the more soluble mercuric salts, solely on account of the uncertainty of dosage.

Corrosive sublimate is often useful, easy to procure, reliable and not expensive. I have, however, been perhaps unfortunate or unskilful in its use. In my hands its injection has invariably been followed by severe pain. For this reason alone I have resorted to the

tannate of mercury, and all the other preparations advocated by any one, until about two years ago I found in a medical journal (reference lost) the prescription combining the bicyanide of mercury with cocaine. I have used it in several cases during the past two years with marked success. The pain, after injections of 1 or 2 c. c. of this solution, is very slight. I have never seen abscesses from any mercurial injections. It cannot be recommended for a prolonged course because the surface of the patient's body is not sufficiently extensive to use for this purpose, but for a short time in an emergency there is no doubt of the value of the method.

In Case 2, above reported, this injection proved almost painless, and certainly effective in a short time. Improvement of the condition of œdema of the tongue began within twelve hours after the first injection, and progressive improvement was uninterrupted. In one other case (not here reported because not an extra-genital case) in which I tried this injection, severe abdominal cramps and bloody diarrhœa set in after the first injection, but this has been the only instance of the kind I have observed. Of course, treatment must be interrupted under such conditions for a few days. After the first two weeks of treatment, then the usual routine mercurial course may be instituted instead of the hypodermic method. Then progress will follow conventional or extraordinary lines, depending upon the various aspects of the case.

In general, I believe, and have seen it stated elsewhere, that extra-genital chancres usually precede a grave type of infection. The reason for this no one has satisfactorily explained. Case 4, reported above, is in some ways an example of this. She has recently had considerable trouble with her eyes, so she was sent to Dr. E. R. Williams for consultation. He reports that the left optic nerve shows some changes and a gumma of the pia pressing on this nerve is a possibility. To offset this, case 3 is cured, and has had a healthy child since syphilis was acquired. Her disease was not of an especially severe type. Progress toward recovery was satisfactory at all times during the two and a half years she was under anti-syphilitic treatment. After the first nine months she never showed any signs of active syphilis.

Case 1 had perhaps an unusual persistent secondary rash and all the classic symptoms in sore throat, headache at night, later alopecia, etc., but in other ways his case has progressed satisfactorily.

To sum up then, let us advise :—

1. Where possible delay until the diagnosis is sure before giving mercury.

2. Where dangerous, destructive or disfiguring chancres demand immediate treatment, give a soluble mercuric salt hypodermically until the urgent symptoms are relieved. Then resort to some more conventional method of administration.

ABORTION.

By John McDonald, M. D., St. Peter's, C. B.

Abortion is the premature expulsion of the non-viable ovum, either the result of natural causes or criminal interference.

Abortion and miscarriage are strictly synonymous, notwithstanding the popular belief that the term abortion is restricted to the criminal interruption of pregnancy: whilst miscarriage is confined to the spontaneous, resulting from natural causes, occurring within the first seven months of pregnancy, before the complete development of the placenta. Premature labor is the interruption of pregnancy in the last two months when the fœtus is viable and formation of placenta is completed. Miscarriage is often underrated, not even receiving the attention of the family physician, but is confined to the tender mercies of the midwife; yet labor at term may be left far more readily to the powers of nature, inasmuch as labor is a physiological process and abortion is a pathological one. At term we find preparatory changes in the maternal and fœtal parts. The separation of the membranes is facilitated by fatty degeneration of the decidua serotina. The uterine muscle enlarges, its fibres increase and strengthen for the ordeal; but in the early months no such conditions exist.

The causes of spontaneous abortion are chiefly due to pathological changes in the maternal system, general and local. These causes are by far the most important to the practitioner as being amenable to treatment. Causes acting through the system are diseases,—(*a*) acute and chronic, (*b*) neurotic, acting through the nervous system, (*c*) physical or traumatic. (*a*) Diseases, acute and chronic, on the part of the mother, interfere with the nutrition and development of the ovum. In general, whatever predisposes to a vitiated condition of the blood, resulting in malnutrition, may lead to abortion, whether it be an anæmia, the result of disease or lack of food, or the mode of life, or the locality in which the sufferer lives. (*b*) Neurotic causes; during pregnancy—that stage of increased uterine activity and increased growth—we find a corresponding increased nervous excitability, and

responding violently to the slightest cause, which would arouse no reaction during normal conditions. (*c*) Traumatic influences are comparatively rare as a cause of natural abortion, and it is true of these as of every other cause that existing conditions govern the issue.

Spontaneous abortion is generally ushered in with hemorrhage, rigors, feverishness, rapid pulse, nervous disturbances and lumbar pains. These symptoms are rare at all times, and usually wanting in the earlier months. The pain and hemorrhage may be quite severe, or at times slight, but the period of expulsion is well marked when the pain and hemorrhage cease.

Dysmenorrhœa, menorrhagia and fibroids may simulate abortion. In dysmenorrhœa the pain is relieved by the discharge, whilst in abortion, on the contrary, as the flow increases with the dilatation of the cervix and separation of the ovum, the pain increases. In dysmenorrhœa the pain is ovarian, whilst in abortion the pain is uterine, referable to the cervix during dilatation and to the fundus during expulsion. Flowing fibroids may simulate that of abortion, but the aborting uterus is greater in size than the congested menstrual organ.

The treatment of abortion divides itself into prevention and expression. In the preventive stage we find the use of hygienic measures is more important than the employment of drugs. If previous abortions are known to be due to syphilis, endometritis or uterine displacements, these conditions must be relieved by the proper remedies, if there exists no apparent cause for the interruption of gestation. The patient must be placed in a well ventilated apartment, as fresh air is a necessity and should be plentifully supplied. The food should be light, but nutritious and palatable. The mind should be set at rest as far as possible in respect to household and other worries, and particularly directed from the thought of uterine disturbance. Opium is the all important drug in this stage, and should be given in grain doses, to which acetate of lead may be added. The bromides are of great service in soothing irritation and restlessness. Fluid extract of viburnum is very valuable as a uterine sedative, allaying irritation and checking hemorrhage.

Where abortion is inevitable the treatment is radically changed, the object is now to complete delivery. Measures must be directed to the avoidance of hemorrhage, the thorough delivery of the ovum and

appendages, and the prevention of inflammation and septicæmia. The latter accident is to be prevented by the most rigid asepsis of the patient and attendant. For the prevention of hemorrhage the tampon is all important, supplemented by teaspoonful doses of fluid extract of ergot; but if there is reason to believe that portions of the membrane are in the uterus, this drug should not be used as the contraction of the os uteri may imprison materials which then become septic. The uterine cavity is to be cleared by the use of the fingers of the attendant, or by means of the curette. After removal of the membranes the uterus should be douched with a two per cent. solution of creolin in warm water, about a quart being used. After treatment, small doses of ergot and quinine, and vaginal antiseptic irrigations, or uterine if needy, and the maintenance of perfect rest for one or two weeks, or longer if possible.

Selected Articles.

SOME DEVELOPMENTS IN THE THERAPY OF IODOFORM.*

By J. J. Gaines, M. D., Excelsior Springs, Mo.

1. *History.*—Briefly speaking, iodoform was introduced into the therapeutic family in 1837, in London and Paris. I have no record showing its medical use at that time; it may have been utilized as a surgical dressing, or some ambitious inventor may have been looking for an ingredient for the construction of a Chinese stinkpot to be used for purposes of defense. I have no doubt of its giving perfect satisfaction, when put to either use.

During the past three-score years iodoform has varied in its degree of popularity, its extremely offensive odor making it the dread of laity and physician. Scores of so-called odorless substitutes have clamored for recognition at our hands, but we are forced to admit their inefficiency as compared with the original. In this brief treatise I shall embody a plea for the continued employment of this valuable drug, until science can offer us one which is of more value to us in the serious ailments of mankind which I shall mention later.

2. *Characteristics.*—Iodoform is produced by the action of iodine in the presence of alkalies, upon alcohol, aldehyde, ether, acetic ether, methylic alcohol, and in minute quantities when acting upon carbohydrates or proteid compounds. Its formula is CHI_3. It occurs in yellow hexagonal crystals, with odor and appearances instantly recognized and unnecessary to describe. It is insoluble in water, yet imparts to it a perceptible odor and taste. Attempts to mask the odor will either fail, or deprive the drug of its specific action. I shall not attempt to discuss the means of combating the disagreeable odor, as I consider them valueless. Iodoform is volatile, and should be kept in well-stoppered bottles, and in a cool place.

3. *Physiological Action.*—In its original state, applied locally, iodoform is mildly antiseptic, sedative, and in excessive quantity toxic, the poisonous agent being iodine. Internally, in dose of less

*Read before the Mississippi Valley Medical Association, Oct. 16, 1902.

than five grains, it exhibits its local action plus a decided antiseptic and alterative effect, the two latter being the result of the rapid and easy liberation of large quantities of free iodine. It is readily acted upon by the gastrointestinal fluids, and so far as I have observed, without deranging them in the least, and liberating the highest percentage of free iodine of any compound at our command. After administering five grains we may note the appearance of iodine in the urine in two or three hours, and which will remain apparent for several days. This proves to us that easy saturation by the drug is followed by protracted elimination, giving us prolonged contact of the remedy with the disease.

4. *Toxicology.*—There is so little difference between iodoform poisoning and that of iodine that it it unnecessrry to discuss it. In the therapy as herein proposed, the problem of poisoning need not enter.

5. *Modes of Administration.* The use of iodoform by inhalation is too important to be neglected. I have used an improvised and crudely arranged apparatus for the nebulization of iodoform emulsion, and have obtained the most happy results in the diseases where indicated, and I anxiously await the time when our inventive genius will give us a perfect nebulizer, especially one that will enable us to utilize heat in connection with the apparatus.

Internally I administer iodoform in a well fitting capsule. The dose I employ is rarely over one grain, and repeated as often as the case demands. Overdosing will disagree with some stomachs, owing to the rapid liberation of iodine. If iodoform be given with subnitrate or salicylate of bismuth, or with prepared chalk, it will be better borne. The bowels should be kept gently opened with seidlitz powder, or any of the magnesia preparations. Phosphate of soda is very useful in this connection.

Iodoform should never be prescribed with any compound of mercury, or with any opiate. In the former case a poisonous iodide will result, and in the latter it is sure to derange the stomach by opposing effects. The chief drugs that I have used as synergistic with iodoform are quinine sulphate, bismuth subnitrate, and bismuth salicylate.

The common uses and modes of giving iodoform I shall not take your time in discussing: the well know suppositories in rectal inflammation, the emulsion in chronic cystitis, and the dressing in tubercular osteitis and other surgical affections, I am content to pass by with mere mention.

6. *Therapeutic Uses.* — By inhalation I have relieved permanently the most obstinate forms of laryngitis and bronchitis, the acute form yielding in from three to six sittings of ten minutes each, and this with a very crude home-made apparatus. Chronic forms yield readily with systematic inhalations, and I believe, from experience, that iodoform in emulsion is a specific in the treatment of bronchopulmonary affections, not excepting the tubercular, if taken in time. Again urging the production of a good thermo-nebulizer, I pass to the internal uses.

In subacute and chronic typhlitis, perityphlitis, and non-operable cases of appendicitis, I have used iodoform in capsule, with salicylate of bismuth and quinine, three or four times daily, with very satisfactory results. I am accustomed to keep the bowels open in these cases with a mixture of olive oil and glycerine, and I find that the benefits of using these agents without the iodoform are not permanent, and hence not satisfactory. Under treatment as outlined, the infiltration and soreness disappear in from three weeks to as many months, and a very grateful patient is almost always the result.

In tubercular peritonitis, after having failed with guaiacol, creosote, cod-liver oil, and the hypophosphites, I have been entirely satisfied with the administration of iodoform and quinine sulphate. The hectic fever and sweats disappeared, and I have been able to discharge the patient in from one to two months, able to return to his business. Just here I may say that I believe iodoform to be a specific in tuberculosis, if we but acquire the art of properly applying it. It is well worth our most earnest endeavor, in combating this most serious enemy of mankind.

In tertiary syphilis, and syphilitic cirrhosis of the liver, I have noted some good results, and I may say in this connection that I unqualifiedly condemn the use of mercury in any of the later stages of syphilis. What cannot be done with the saturation of the patient-

with iodine cannot be done at all. Iodoform has proven of no less value than iodide of potassium, and in many cases has acted more rapidly, giving lasting results.

In the great majority of acute or chronic diseases of the intestinal canal, whatever their origin, iodoform approaches the nature of a specific, being sedative, alterative and germicidal. I have employed it in small doses, one half grain, in typhoid fever in the first and second weeks, and believe the severity of the later weeks was rendered much less. In all ulcerative diseases of the intestinal tract I use iodoform in capsule with same form of bismuth, and am rarely disappointed in results. In tubercular dysentery I am convinced that it is the only thing that approaches the nature of a specific.

In pulmonary tuberculosis I beg to append the following, clipped from the *Journal of the American Medical Association*, and which coincides materially with my own experience: "Iodoform in Pulmonary Tuberculosis: S. S. Cohen, in *American Medicine*, states that iodoform ranks as one among the limited number of drugs which have proved valuable in the treatment of tuberculosis. No other iodine compound, according to the writer, has yet been brought forward which takes its place. Its chief value, he states, is in cases presenting signs of infiltration without softening; but if limited softening be present in one portion of the lung, the drug is of service in combating the extention of infiltration elsewhere. To be beneficial in the highest degree iodoform should be given in gradually increasing doses over a long period. To begin with, one-half a grain or less may be given thrice daily after meals, and very gradually increased to a point of tolerance. In the course of two or three months a daily dose of nine or ten grains will have been reached, which may then be pushed more rapidly until fifteen grains daily are given. A good way to administer it is in capsule form (three to five grains), mixed with balsam of Peru as an excipient. If necessary a digestive agent may be added, or a dose of essence of pepsin may be given an hour later. If deemed advisable, arsenic iodide may be combined with the iodoform, they being chemically compatible and therapeutically synergistic. No one, according to the author, who has persisted in its continued use, will forsake it for any of the transient fads of the day."

In chronic Bright's disease, where an iodide is indicated, whether syphilitic or tubercular, iodoform has proven of great value in my

experience of ten years' frequent meeting with such disease. The alterative dose, one-half to one grain three times a day, is quite sufficient, and will be followed in the majority of cases by great relief in ten days to two weeks. I am convinced that iodine is the best renal alterative at our command, and iodoform the best combination. It is almost without an equal in the flatulence that is often an accompaniment of uremic poisoning, where salol is absolutely harmful. Indeed, I have abandoned the use of salol as an intestinal antiseptic and substituted iodoform instead, and have no reason to regret it.

Having mentioned these fragmentary portions of the experience I have had in the somewhat unusual uses of iodoform, I submit to my fellow practitioners that we have in this pharmaceutical outcast one of the most powerful agents for the relief or cure of the most serious diseases of mankind. Its one objectionable feature, the unpleasant odor, is not a sufficient reason for its being discarded, and I realize that we are too liable, in our mad rush for new remedies, to forsake the old and tried for the new and many times dangerous compounds that are offered us.

I append a few cases in support of the foregoing arguments, which have been so imperfectly presented:

Case 1.—Tubercular peritonitis. Patient aged thirty-two, white; male; occupation, farmer. Marked tubercular history. Diagnosis made prior to my seeing the patient by two prominent physicians, with whom I concurred.

Symptoms, briefly: Emaciation, marked gastric disturbance; loose, irregular bowels; hectic fever and night sweats. Spinal nerves irritable, especially in the cervical region. Patient could not turn the head without turning the entire body. General neuralgia, which he called rheumatism. He had the disease about eight months.

For six weeks I used guaiacol carbonate, cod-liver oil, creosote in capsule and quinine. I then gave him a six-ounce bottle of syrup of hypophosphites, all without any amelioration of the symptoms or abatement of the fever. I then gave him powdered iodoform, gr. xij; quinine sulphate, gr. j; bismuth salicylate, dr. jss; M. et ft. caps. No. xxiv. Sig.: One to be taken every three hours. When he had finished this prescription he was more comfortable in every way, and I renewed, giving grain doses of iodoform. I discharged this patient in six weeks, able to resume his work.

Case 2.—Called in emergency to see Mrs. A——, aged thirty-eight, who was visiting the Springs in search of health, and whom I had never previously seen. Patient presented the following symptoms: Edema to above knees, pulse 140. Respiration rapid and shallow. Spasmodic vomiting, with intermediate convulsions and coma. Axillary temperature 105° (no previous fever). General appearance of the skin, icteric and dry. Pupils equal and responded feebly to light. Unable to protrude tongue, and soon lapsed into continuous stupor. My diagnosis, uremic coma. Prognosis, death at any moment.

The husband stated that no physician had ever given him an idea of what was the matter with his wife, that they had said it was baffling, might be cancer of the liver, or "female complaint;" and my information concerning the case was very meagre at that time, so I treated symptoms as best I could. I discarded pilocarpine and gave tincture aconite root in drop doses every hour, pouring it down the unconscious patient. In twenty hours the fever had abated and semi-consciousness returned. I catheterized the patient, getting about a pint of albuminous urine.

When able to swallow I gave her acetanilid gr. ij., powdered iodoform gr. j., quinine sulphate gr. j; such a dose in capsule every two hours. I gave the iodoform to sterilize the bowel, which was extremely tympanitic and sore to the touch over abdomen. When fever subsided I excluded the acetanilid and continued the iodoform and quinine in the same dose, while the patient remained under my care.

Result of treatment: Patient left her bed in two weeks; in four weeks walked about the town where she chose. The edema disappeared, and she left my care in seven weeks, able to attend to her housekeeping duties. Some albuminuria, however, remained.

I am informed that she employed an osteopath after returning to her home, and some months later died, possibly of nephritis. I mention this case to show the apparent antagonistic action of the iodoform to the progress of the disease, arresting the symptoms almost at the fatal issue, and postponing it for some months.

Case 3.—Chronic catarrh of cæcum, of twenty years' standing. Patient has been using the following formula for four months, and declares that it gives him more comfort than any remedy he has tried:

Bismuth salicylate.....5 grains.
Bismuth subnitrate.....4 grains.
Powd. iodoform.....1 grain.
M. et. sig.: One such capsule between meals and at bedtime.

In this case I gave no other medicine, except to keep bowels regular with olive oil and glycerin. Judging by his personal feelings the patient hopes for ultimate cure.

Case 4.—Acute typhlitis, severe. Called in consultation; the physician in charge making diagnosis of acute appendicitis, and asking for operation. I took the conservative course, and used expectant treatment, opium and high rectal enemata. When acute symptoms abated I gave quinine sulphate 3 grains, powdered iodoform 1½ grains, in capsule, and directed one such to be given every three or four hours, and keep bowels easy with olive oil and glycerin. Patient recovered in six weeks, and has been in perfect health two years. I do not claim a rapid result, but a complete recovery leaving no sequelæ.

Case 5.—Severe subacute bronchitis, which resisted the usual remedies. Patient aged forty; marked tubercular history, his only two sisters and brother dying of the disease. This patient was not robust, and exhibited severe cough, low fever, and blood-streaked expectoration. Unfortunately I did not examine the sputum.

Four inhalations of ten minutes each cured the patient without any other medicine. Inhalant, iodoform emulsion nebulized by heat. There has been no return of the symptoms for the past three years.

Emulsion: Iodoform, muc. acacia, ol. terebinth, glycerin, castor oil.

Case 6.—Diagnosis, typhoid fever. Patient white, female, aged twenty-three. Axillary temperature at onset (about middle of first week when called), 105°. The rose-colored spots were typical during the course, and the teeth were covered with sordes. Tongue typical of typhoid, and diagnosis unquestionable.

When nature of disease was thoroughly apparent to me, I gave a capsule containing powdered iodoform gr. j. bismuth subnitrate gr. iij, quinine sulphate gr. j; such a dose every three hours. Bowels kept easy with saline water. Turpentine stupes over abdomen, antidyretic cool sponging.

Under treatment the temperature steadily declined from the first, and did not exhibit the usual erratic curves so prominent under other methods of treatment. Tympanites gradually abated, and gave little cause for concern. At the end of the second week I considered the general toxemia under perfect control. There was no delirium and no dicrotic pulse, but a barely noticeable subsultus.

I withdrew the iodoform capsule at the middle of the third week, with a maximum temperature of 99°, and completed my work with small doses of bismuth and zinc sulphocarbolate.

I do not claim for this an abortive treatment of typhoid fever, but I believe it will keep off the dangerous phenomena so often exhibited and render the patient's situation safe, much more comfortable, and materially shorten the attack. And I have never known troublesome sequelæ to follow this treatment.

In conclusion, I may say that I considered all the foregoing cases to be severe in character, and to be crucial tests for any form of treatment. And I submit that adding the *internal* uses of iodoform to its many external applications, it is one of the most *useful* (if not ornamental) agents of the Pharmacopœia at our command in treating serious disease.—*The Medical Age.*

Presentation and Address to Dr. S. M. Weeks.

Pressure upon our space prevented us from reporting in our last number a very pleasing function, which took place at the home of Dr. S. M. Weeks, of Newport, on April 11th, when he was waited upon by a number of his professional friends with a presentation and address in celebration of his completion of fifty years of practice in Newport. Congratulatory letters were read from old friends who were unable to be present, among whom was the Hon. D. McN. Parker, the venerable and beloved Nestor of our profession, who was himself a few years ago the subject of a similar jubilee demonstration, and who, though now living in placid retirement, amid "honour, love, obedience, troops of friends," still takes a lively interest in everything relating to medical life and work.

The presentation took the form of a solid silver tea service, suitably engraved, and the address was as follows:

April 11th, 1903.

To S. M. Weeks, Esq., M. D.,

Dear Doctor Weeks:—

We, a few of your very many friends, beg leave to take this opportunity to congratulate you in this your year of jubilee in the ranks of the medical profession.

A few days over fifty years ago the College of Physicians and Surgeons, New York, sent you forth on that mission which ever since then you have so faithfully performed.

First, we wish to reverently express our thanks and gratitude to Almighty God, the Guide and Father of us all, who has so mercifully and signally preserved your health and strength, so that though your three score and ten, your "eye is not dim nor your natural force abated," and you yet retain the vigor of your intellect and soundness of your judgement, so much so that those of us near enough to you are glad to avail ourselves of your advice and matured experience in our times of perplexity. We gladly avail ourselves of this opportunity to express our appreciation of your honorable and upright conduct in your relations to your fellow practitioners, which has

marked your long years of practice. When young and inexperienced, then those of us who knew the value of your helping hand with assistance in times of need, so modestly and quietly given, and to all of us who live in this county, you have shown by your life and conduct as a physician, a knowledge of those high ideals of professional ethics which we earnestly wish all could have followed, and we consider it no flattery to you and no expression of weakness on our part, to say to you how much we believe your professional life and conduct has done to keep up the standard of professional honor and duty in this part of the Province, in this age of competition and struggle for success.

It is impossible to reflect on the half century of practice which you have done, without realizing in some small degree the immeasurable good it has been your privilege and duty to bestow on this community, in which you have lived as the trusted physician and the tried friend in so many homes for so many years. It must be a solace and gratification to you to know that you are respected and beloved by all classes over a larger extent of country than probably any other physician in Nova Scotia.

Honored and respected by your medical brethern, beloved by the people, we rejoice that you are still in the harness and able for active and vigorous work.

Allow us again to congratulate you on the attainment of your jubilee in medicine, and to sincerely wish that you and Mrs. Weeks may be long spared to continue the good work you have so long pursued.

Will you favor us by accepting this small gift as a token of our affection and regard.

D. McN. Parker,
F. N. Burgess,
J. B. Black,
C. J. Margeson,
John Stewart,
M. A. Curry,
E. A. Kirkpatrick,
J. D. Mosher,
C. H. Morris,
Bret Black

THE
MARITIME MEDICAL NEWS.
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XV. HALIFAX, N. S., JUNE, 1903. No. 6.

Editorial.

PROFESSIONAL EXAMINATIONS OF THE PROVINCIAL MEDICAL BOARD.

In accordance with legislation, passed in 1899, and which came into effect July 1, 1902, applicants for registration are required to comply with a new condition, viz,, an examination in the various branches of the curriculum conducted by examiners appointed by the Board. As was to be expected an unusually large number of candidates sought to obtain registration before the new law came into operation. Since then there has been a marked falling off in the number of applicants. There were no candidates at the September examinations of last year, and at the April examinations of this year 17 candidates were present, mostly recent graduates of Dalhousie. All but one passed. It may not be amiss before commenting upon the new principle adopted by the Board, to refer briefly to the legislation of the past in respect to the practice of medicine and the requirements for registration.

Previous to 1828 there were no restrictions upon the practice of medicine in Nova Scotia. In that year a short Act was passed delaring it unlawful for any one to practice medicine without a diploma from some medical school or a license from the Governor, obtained after examination before persons appointed by that authority.

No change was made in the law until 1856, when a Registration Act was adopted.

All practitioners were required to appear personally at the Provincial Secretary's office and have their diploma or license registered in a book kept in the Secretary's office. By this Act unregistered persons

in addition to being unable to recover fees for services could not hold provincial appointments, and were liable to a fine of five pounds for every offence.

In 1872 "The Nova Scotia Medical Act" was passed. Under its terms the Provincial Medical Board was established. The act also makes provision for the appointment of a medical man as Registrar, and the annual publication in the *Royal Gazette* of a register of the names and qualifications of all authorized practitioners. A compulsory preliminary examination was at the same time established, to be followed by a four years' professional course with a prescribed curriculum of study. Professional examiners were also appointed to examine candidates with incomplete or unsatisfactory credentials, and to grant the Board's license.

As already stated the Act of 1899 makes a professional examination compulsory.

At first glance it seems unnecessary and decidedly unfair to compel men who have obtained qualifications from reputable schools of medicine to submit to the worry and additional expense of another examination before obtaining authority to practice.

Not one substantial argument could be brought forward to support the change were the Medical Board of Nova Scotia taking the initiative on this question, but when we find the principle of a state examination in operation in all of the other provinces of the Dominion of Canada the matter assumes a different aspect. As a matter of simple justice to its own licentiates the Medical Board should not allow Nova Scotia to be a dumping ground for men who have failed to qualify for practice in the other provinces of Canada.

THE SUCCESSFUL PHYSICIAN.

We take pleasure in calling the attention of our readers to the address, which will be found on another page, presented to Dr. S. M Weeks, of Newport, a few weeks ago, on the celebration of his jubilee as a practitioner. A perusal of this address and a consideration of the circumstances connected with it may well give rise to some reflections. These are days of high pressure and competition in every line of activity, and medical life is not excepted. Even the

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—The Medical Times and Hospital Gazette.

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In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

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most desirable positions in the profession are subject to geat stress and strain. Our relationships with each other are often in unstable equilibrium, and we all suffer more or less from the evil influence of dark places in our profession full of the habitations of horrid commercialism. Perhaps the most disquieting thing in a survey of the position is the feeling, or fear, that with the passing of older methods of practice, the old ideas of professional courtesy and honor may become obsolete.

The public is never weary of gibing at "medical etiquette," as if the rules of good behaviour were not the same in the medical world as in every day life. They do not take the trouble to understand the application of general rules to our particular cases. But are we not often ourselves to blame for these jeers and gibes of the unthinking public? Do we not sometimes make clean the outside of the cup and neglect the quality of the milk of human kindness within it? The bed-rock of medical ethics is the same foundation as the law of courtesy among men, the golden rule to do as we would be done by. It is good practice to try and put ourselves in the other man's place. It is sharp practice to try and get into his place—and shut him out.

If we try to place ourselves at the other man's point of view we may find many reasons for seeing as he does, and we shall be less likely to heed the detractions of gossips or of those unwholesome persons who try to curry favor with one doctor by misrepresenting another.

We all make good resolves, but we are all apt to think it is "the other man" who is to blame. We should remember the saying of a Thomas à Kempis, "omnes fragiles sumus, sed tu neminem fragiliorem te ipso tenebis."

We know what the cynics say, and we see the success of the wicked, and perhaps to many of us there come times when, whatever we may think of our physic, we are tempted to say "throw ethics to the dogs," and look out for Number One. But this is not the way to success. What does it profit a doctor to gain a fortune, and lose himself? What is success for a doctor? Is it not, by the blessing of God and the faithful discharge of duty, to win the esteem of his colleagues and the gratitude and respect of his patients? The doctor who has not won these has lost his life. He may be a parasi-

tic outgrowth, he may fungate into an auriferous excresence, but he has no part in the sap and fibre of the tree; he is but a *caput mortuum* in the goodly fellowship of "the Faculty."

So that it is pleasant to be reminded that there are men who have not forgotten their Hippocratic oath, men whose golden rule has not been the heaping up of gold, men too proud in the pride of a noble profession to stoop to meanness, who are happier in assisting a colleague than in filching from him his reputation and his patients.

For fifty years Dr. Weeks has practised his profession in Newport: fifty years of country practice. Most of us know something of what that means; but how many can know it for half a century. There are over five hundred names on our register, but only eight of these stand for fifty years of practice.

Weary days and watchful nights, the dust of summer, the snow-drifts of winter, and between them the endless miles of mud, (Hants County mud too!) and after fifty years of it, the glory of success. For his old patients and their children, and children's children look up to him with gratitude and affection, and his professional brethren love him as their friend and the soul of honor. Long live Dr. Weeks!

THE MARITIME MEDICAL ASSOCIATION MEETING AT ST. JOHN.

As already stated the next meeting of the Maritime Medical Association will be held in St. John, July 22nd and 23rd.

The professional part of the proceedings will, with other attractions, be in the nature of two principal general discussions, and in the reading and discussion of papers and case reports.

The two subjects for discussion are: "The Early Manifestations of Pulmonary Tuberculosis," and "The Differential Diagnosis of Appendicitis," special attention being given to those affections and conditions which are not infrequently mistaken for appendicitis.

Papers will be given by Drs. M. A. Curry, G. M. Campbell, J. Stewart, N. E. McKay, G. C. Jones, T. J. F. Murphy, N. S. Fraser, of St. John's, McIntosh, McCully, G. A. B. Addy, A. B. Atherton, W. C. Crocket, F. F. Kelly, J. Ferguson, H. D. Johnston. Dr. Melvin will read a paper on the "Differential Diagnosis of Smallpox." Dr.

C. W. Wilson, Montreal, will give an account of "Orthopedic Surgery in Europe," from which country he has just returned. Dr. J. A. McKenzie will give a paper on "Borderland Mental Conditions." Dr. F. F. Kelly's paper will be on "Extra-uterine Gestation," and Dr. Crocket a case report on the same subject. Dr. N. E. McKay will read a paper on "Renal Calculus and Pyonephrosis."

It is quite evident, from the names of the gentlemen mentioned, that the professional interest in this meeting will be well maintained, and that no one can be present without being benefitted in many ways and pleased as well.

We have not been informed of the subject of the President's address, but from his known ability every one will expect something good from Dr. MacLaren, and it is quite certain there will be no disappointment in that respect. It is astonishing to what an extent the success of a meeting depends on the tact and ability of its presiding officer; we can therefore confidently expect that this meeting will be carried on harmoniously and expeditiously and in the best interests of all concerned.

THE MEETING AT ANTIGONISH.

Reference to the meeting of the Medical Society of Nova Scotia at Antigonish on the 1st and 2nd of July was made in our last issue, but we wish to remind our readers again of the dates. The programme has just been issued and evidently the gathering will prove profitable in every particular. "Tubercular Arthritis" will be discussed by Dr. J. Stewart on its pathology; Dr. A. E. Kendall, on its diagnosis, and Dr. N. E. McKay on its treatment. Among the papers promised are: "The Buried Absorbable Suture, its Value in Surgery," by Dr. H. O. Marcy of Boston, and "Treatment of Tuberculosis," by Dr. H. M. Neale, of Pennsylvania. The usual reduced rates will be granted by the different railways and members must not forget their standard certificates to be obtained at the starting point.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

April 1st. Dr. Stewart Skinner, President, in the chair.

Pathological specimen. A large specimen of inguinal omental hernia was exhibited by Dr. Murray MacLaren.

Dr. G. A. B. Addy read a paper on "Antisepsis." The use of antiseptics in surgery was discussed and was, on the whole, considered to be useless and harmful. Strict attention to asepsis is essentially the important point to observe in surgical procedures.

April 8th. Dr. MacLaren reported the case of a pregnant woman suffering from tape-worm. The case was remarkable for the profound anæmia, which almost proved fatal and which quite disappeared after confinement and removal of the worm.

The President read a paper on "Minor Gynecology." The importance of attention to the general condition of patients suffering from minor gynecological troubles was pointed out, and in this way the avoidance of major operations rendered quite possible.

April 15th. Dr. Gray, Vice-President, in the chair.

Dr. F. H. Wetmore read a paper dealing with a number of cases observed at the Post Graduate Hospital, New York. Among the cases mentioned were ankylosis of elbow joint, flat foot, trephining of spinal column for depressed fracture and trephining for Jacksonian epilepsy.

April 22. Dr. S. Skinner, President, in the chair.

Dr. J. R. McIntosh showed a girl, aged 13 years, with congenital enlargement of thyroid gland.

Dr. McIntosh also referred to a new type, reading from left to right, which had been suggested as a relief to eye strain.

April 29. Dr. A. Pierce Crocket read a paper on "Chronic Suppuration of the Accessory Cavities of the Nose." (Published in this issue.)

On account of ill-health, Dr. Shaughnessy, secretary of the Society, resigned his office and Dr. McCully was elected to fill the position.

Much regret was expressed by the members at the cause of Dr. Shaughnessy's resignation and the best wishes of the Society for a speedy recovery were tendered him.

May 6th. Dr. Crawford exhibited an enlarged model of the ear and gave a demonstration on the anatomy and physiology of this organ.

May 13. Dr. Walker reported a case of measles with unusual premonitory symptoms, no catarrhal manifestations but symptoms suggesting small-pox until the measley rash appeared.

Dr. Walker also read an article by Dr. R. C. Court on "Truth and Falsehood in Medicine."

May 20th. Dr. Lunney read a paper on "Bullet Wounds" and reported a case of gun-shot wound of the abdomen which recovered without operation.

May 27th. Dr. Gray, Vice-President, in the chair. Annual meeting.

The Secretary reported that during the past year six new members had joined the Society. There had been 31 meetings.

The Treasurer reported that $108.80 had been expended during the year, leaving a balance on hand of $11.28.

The officers elected were:

President—Dr. J. H. Gray.

Vice-President—Dr. O. J. McCully.

Secretary—Dr. J. M. Barry.

Treasurer—Dr. J. Christie.

Librarian—Dr. Olding.

Room Committee—Drs. G. A. B. Addy, T. D. Walker and G. R. J. Crawford.

June 3rd. A special meeting was held to consider the arrearages of annual subscriptions of members, and it was finally decided that all arrearages, with the exception of the past year, be written off.

Personals.

Dr. J. B. Black, of Windsor, will leave this month on an extended visit to some of the larger hospitals on the Continent.

Dr. N. Pratt, of Lower Stewiacke, has been obliged to give up practice on account of ill-health. We hope that a prolonged rest will prove beneficial.

Dr. E. O. Hallett, and daughter, of Weymouth, while driving across the D. A. R. track collided with a hand-car, fracturing the little girl's arm and injuring the doctor, though fortunately not seriously.

Marriage has evidently been the greatest feature of this month, judging by the following number of the profession in this city, who have recently taken that step:

Dr. E. V. Hogan to Miss M. Carney, of Halifax.

Dr. A. E. Doull to Miss Mary Emily Burgess, of Milford, of New Hampshire.

Dr. Jane L. Heartz to Mr. A. J. Bell, of Halifax.

Dr. J. J. Doyle to Miss E. Brennan, of Salem, Mass.

Dr. T. E. Morris, of St. John was married on the 17th inst to Miss Ethel T. Finn, of the same city.

The NEWS extends its heartiest congratulations to all.

Dr. H. M. Hare recently returned from New York, where he was attending the Post Graduate Hospital.

The Antikamnia Chemical Company have issued a most valuable chart of "Diseases of the Nervous System and Muscles." The chart was arranged by **Dr. E. C. Hill,** and will prove a ready guide in diagnosis and treatment of the diseases mentioned. Every doctor may have a copy by appplying to the Antikamina Chemical Company, St. Louis.

Matters Medical

TO KEEP OFF MOSQUITOES.—The advice of one who has tried it (according to *Health*) is to throw a piece of alum, about the size of a marble, into a bowl of water, and wet the face and hands and any exposed part lightly with it. Not a mosquito will, it is asserted, approach you.

A correspondent of the *Lancet* describes a simple method of producing local anesthesia for small operations. A solution is prepared consisting of adrenalin chloride, 2 drachms; cocaine, 5 grains; and water, ½ ounce. Lint is folded into a pad of four layers, soaked in

the solution, and placed under a positive electrode. A large negative electrode is applied elsewhere, and a current of from 15 to 30 milliamperes is slowly induced and run for the space of from five to ten minutes. The surface may then be washed with ether, and any superficial operation performed painlessly and without loss of blood.

For Keeping Tools Bright and Free from Rust. When out of use, brush them with a preparation made by stirring enough red or black mineral paint into crude petroleum to make the mixture of consistency easy to spread. This can be applied with a brush made of a piece of sheepskin tanned with the wool on, or with any ordinary brush. It will prevent rust, and may be rubbed off readily, leaving the face of the tool perfectly bright.—*Medical Times.*

A major and surgeon of the army stationed in the Philippines writes that recently, when the chief nurse of a small base hospital in Southern Luzon was sent away, there was a great struggle among the five nurses remaining for the vacant position, which meant a distinct increase in pay. Each one of the five came to the office of the surgeon in charge, to show cause why she should not be appointed chief nurse, and why none of the others was entitled to that distinction. The young Solomon in charge was "up against it," but gave the following decision: "Each one of you must write on a piece of paper her exact age, and send it sealed to me. The oldest woman will be made chief nurse." There is still a vacancy as chief nurse in a small base hospital in Southern Luzon.—*Medical Times.*

Notes.

Sanmetto in Urethritis and Enuresis. Having had elegant results from the use of Sanmetto in genito-urinary diseases for quite a time, I am more fully convinced of its curative properties since having had a boy, age twelve, call at my office, who had been suffering from an obstinate case of urethritis with enuresis. He stated that he had consulted two or three doctors, with no relief, and if he could be cured, cure him, and if not, not to give him anything. So I put him on the following

R Ol. santali . . . . . gtt. xl.
Sanmetto q. s. . . . . oz. iv.
Sig. . . . . dr. i.

ever four hours, with rest in bed, and proper diet, and in ten days he was well and had no symptoms of either of the above troubles. Henceforth I shall know where to get a specific for such cases. I have always had good results from Sanmetto.

Brunswick, Ga. Wyatt C. Hatcher, M. D.

Skin Grafts Healed in Six Days, With Blood. Ada H. L., aged 24 years, German. Diagnosis, wound of the left cheek, the result of being thrown from a street car. Patient admitted to hospital March 10th, 1902. The wound was filled with gravel and dirt, and involved almost the entire side of the face. A space in the center of the cheek, 2 by 1½ inches, was completely denuded of skin. In this case it being desirable to have the

wound heal rapidly and with no evidence of scar, I determined to use grafts of normal skin sufficiently large to entirely cover the denuded surface. These grafts were secured from the patient's arms. The wound was dressed as in the other cases; the dressing being kept wet with bovinine. March 17th, the dressing was removed, and the wound was entirely healed, leaving no evidence of a scar whatever; but around the periphery there was some decided redness. This is probably the most rapid case of healing of this class on record. T. J. Biggs, M. D.

Dysmenorrhœa.—Chief among the symptoms for which the patient seeks relief in this condition is the pain preceding or accompanying the menstrual flow. This pain is often of so agonizing a nature as to incapacitate her from all work or even to render her life unbearable. In these cases there may be present a displacement of the uterus, usually anteflexion, disease of the ovaries, uterus or tubes. In many instances, however, no pathological lesions can be found, the pain being due to a neurgalic tendency, or to hypersensitiveness of the ovarain or uterine nerves, which manifests itself by painful sensations during the menstrual period, owing to the congestion of the tissues at this time, and may be accompanied by cramps of the uterine muscles. In this class of patients Hayden's Viburnum Compound is especially applicable, producing a marked sedative effect, relieving the pain and uterine colic, and if its use is persisted in it will gradually remove the hyperesthetic state and effect a permanent cure. If the dysmenorrhea be due to uterine or ovarian disease it will serve as a most valuable auxiliary to the local measures, by helping to remove the existing congestion and overcoming any spasmodic element, thus greatly shortening the period of treatment.

Iron as a Remedy.—Time out of mind, Iron has been leaned upon, as one of the special standbys in medicine, particularly as a builder and reconstructor. But unless Iron be given in proper form, one might as well give absorbent cotton, or chips or wet stones. When we desire to produce any increase in the number of red blood corpuscles, and to make them redder and richer with hemeglobin, we need to be sure of the form of iron that we are giving. The evidence has been accumulating these many years, that Manganese, in itself an admirable remedy, combined with Iron emphasizes the potency of both.

Dr. Gude, the great German chemist, contributed very definitely to the good of the profession, when he presented the product of long years of experimentation, and clinical experience, the Therapeutic product known as Pepto-Mangan (Gude).

Added to the many hundreds of clinical contributions, Dr. J. W. Frieser of Vienna, Austria, recently reports most favorably, and very forcibly, observing as follows:

"Pepto-Mangan contains Iron and Manganese combined with Peptone in the proper proportions, and in a readily digestible and absorbable form, so that the preparation can be completely utilized by the organism. As is well known, the peptones represent artificial predigested products, which when taken into the organism make no special demands upon the digestive functions, which in anæmic and chlorotic persons are usually weakened and impaired in action. This fact is the more important, since in these cases, the digestive process and the secretion of gastric juice is usually reduced, in consequence of which the nutrition is quite impaired, while frequently there is a condition of hyperacidity of the gastric juice. It has been most gratifytng to me to observe that during the use of Pepto-Mangan (Gude), which experience has taught me is particularly adapted in these maladies, it does not interfere with, or exert any disturbing effect upon the digestion. On the contrary, under its administration, the appetite and the digestion are stimulated in a very satisfactory manner.

"As a rule, during treatment with Pepto-Mangan the improvement in the constitution of the blood, as shown by physical examination, was accompanied by a beneficial effect upon the general condition and strength. The appearance and appetite of the patients improved visibly; the digestion and nutrition progressed favorably, and the patient felt better, happier, and more vigorous. Disturbances of the gastro-intestinal tract, such as pressure or pain over the stomach, nausea, disagreeable feeling of dullness, a diminution of appetite, constipation, congestions, etc., which are so frequent during the administration of other iron preparations, especially those of inorganic character, were scarcely ever observed during the use of Pepto-Mangan (Gude). On the contrary, in those cases in which there is a tendency to constipation, and a marked atony of the gastric functions my experience has led me to regard this remedy as especially useful and effective."—*Medical Mirror.*

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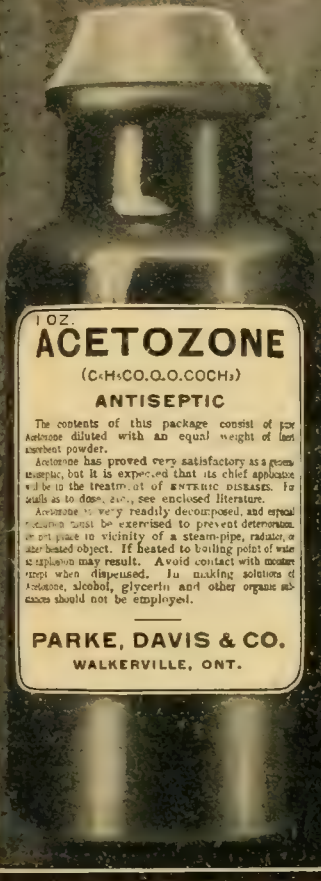
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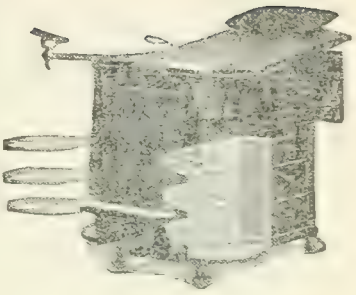

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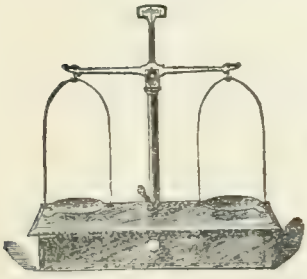

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Medical Society of Nova Scotia.

35 ANNUAL MEETING.

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J. J. CAMERON, M. D.,
President,
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W. HUNTLEY MACDONALD, M. D.,
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Maritime Medical Association.

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MURRAY MacLAREN, M. D., M. R. C. S.,
President,
ST. JOHN, N. B.

T. D. WALKER, M. D.,
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ST. JOHN, N. B.

New Brunswick Medical Society.

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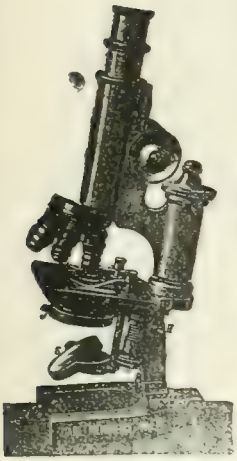

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J. W. DANIEL, M.D., M.R.C.S.. ...St. John, N.B.
MURRAY MACLAREN M.D , M.R.C.S.,St John, N.B.
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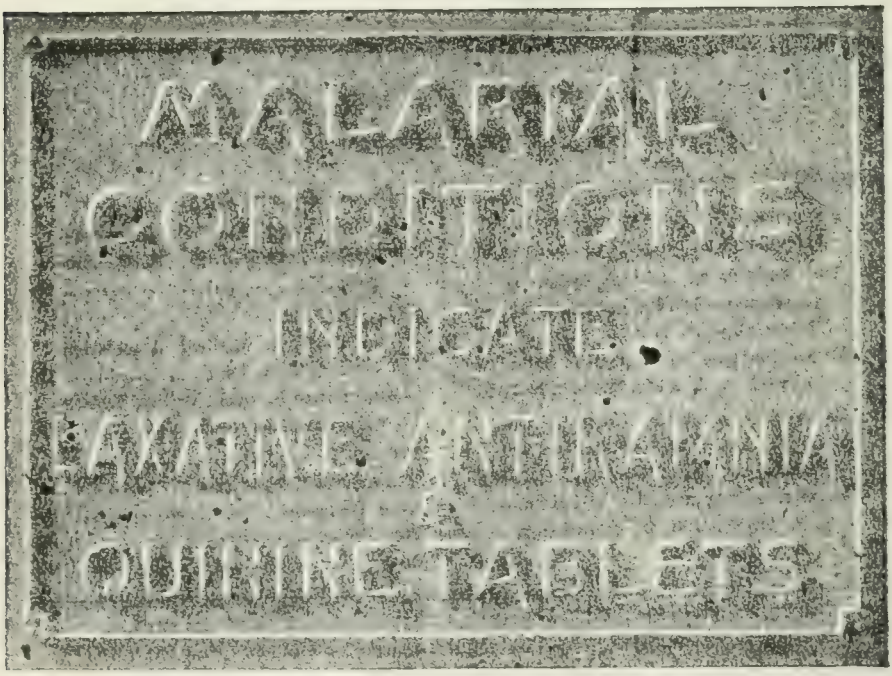

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VOL. XV. HALIFAX, N. S., MAY, 1903. No. 5.

Original Communications.

HYPNOTISM.*

By DR. G. G. CORBET, M. D., Fairville, N. B.

Currents of human thought, like the tidal waves of the sea, may often be traced, outlined, measured and foretold. As we glance out upon the vista of life to-day, and view the everchanging panorama of thought and action, it takes but little discernment to discover a manifest inclination on the part of the leading minds of the world to study the psychical side of human existence.

Never was there a time in the history of the race when the mind was so restless. Not for two thousand years has the world waited with such breathless expectancy and hope for new light to be given, to enable us to discern our relation to a universe of intelligence. Everywhere is a restless movement of advance. The scenes are shifting rapidly. The evolution of the human mind is progressing at a remarkable rate of speed. The beliefs, theories, and entire educational foundations of our childhood are often overturned in a day. Indeed, so accustomed are we to this rapid transformation, that we are not surprised, at any time, to find the heresy of to-day the orthodoxy of to-morrow.

Amid these changing scenes truth is always found invincible, while superstition, bigotry, and ignorance, standing ever in the paths of progress, are rapidly giving way. It is so in the political world, and in theology, and nowhere is it more manifest than in the science of medicine. But wisdom increases. Light is coming in through

*Read before St. John Medical Society, Feb. 1st. 1903.

the windows. Though we are yet children, playing among the flowers, breathing the balmy air and listening to the sweet tones of a universe of joyful sounds, yet are we growing more acquainted every day with our environments. Life does not seem so strange and weird as it did one or two thousand years ago. Nature is not so mysterious, and God not so far away. We are being taught, receiving suggestions through the avenues leading to the conscious ego. Light is coming in through the windows of hearing, seeing, smelling, tasting, feeling and perhaps another window, that is yet but dimly seen through the twilight of our twentieth century knowledge.

The suggestions made through these various channels are being carried to the receptive centers of the brain, and there recognized and utilized for the purpose of carrying on the progress of evolution, which is slowly, but surely, lifting man from an ignorant past to an intelligent future. Through these avenues the human mind is receiving nourishment. Through these senses force is entering into the conscious ego, and the result is change, wisdom, growth.

With this knowledge we must admit that thoughts are entities, or manifestations of force. Intelligence—intellectual growth depends upon the kind of suggestions received, the rapidity with which they are received, and the ability of the recipient to utilize them.

No intelligent physician or observer of the signs of the times can fail to note the wave of desire upon the part of the population for a system of healing without the intervention of drugs. Without doubt this desire has grown into fanaticism in some directions. While I do not believe we are yet in a position to dispense entirely with drugs or surgical operations, I must acknowledge that many chronic complaints have been cured by drugless methods. I must say that I am opposed to a system which insists that a drug is necessary to rectify every physical disorder, as I am to a system which teaches that the action of the mind alone should be employed for healing purposes. Our physicians have been too materialistic, our so-called metaphysicians, Christian scientists and mental healers too ignorant of medicine and the law of suggestion. The work should be combined; we cannot ignore the body. I am of the opinion that all physicians in regular practice should have a working knowledge of suggestive therapeutics, etc. Not only we but the public would be the gainers thereby (and our bank accounts larger by the addition of the amounts these pseudo scientists earn). Truth will ever prevail, and as all will

acknowledge even these systems have some truth in them. Then come and let us sift the true from the false, and incorporate that which is good and true in these systems with our own.

I will not go into the history of hypnotism as time will not allow, but would call your attention to the fact that the term hypnotism is a misnomer, as the phenomena of the suggestive condition have proved the fact, that even the suggestive somnambulist is never in a condition analogous to natural sleep.

I would like to ask your attention to a few definitions as follows:

Hypnotism or *suggestion* in its broadest meaning may be said to be an impression consciously or unconsciously received through any of our senses. A few moments' reflection on this definition reveals the fact that one's whole education is created by suggestion, and that the effect of any suggestion is influenced entirely by those preceding it.

Somnambulism may be natural or induced; it is the act of walking in one's sleep.

An *active somnambulist* is an individual who has little voluntary attention, and whose ability to associate his old impressions with new ones is so limited, that when in the suggestible or concentrated condition, a state of mental laziness is present, and the patient finds it easier to acquiesce in, rather than refute, any statement made by the operator.

A *Passive somnambulist* is an individual who will accept suggestion only when the eyes are closed, but who refuses to accept an absurd suggestion the instant the eyes are open.

Auto-suggestion arises entirely within one's own mind, from some thought or some bodily sensation either real or imaginary.

Voluntary auto-suggestion is a suggestion with which one voluntarily tries to impress oneself.

Therapeutic suggestion is a suggestion conveyed to a patient through some one of the senses and so directed that it will assist in overcoming disease.

Suggestive condition is a condition in which a suggestion has a concentrated or exaggerated effect upon the mind of a patient.

Effect of suggestion is dependent on and limited by the previous education of the recipient.

In the light of the above facts concerning suggestive somnambulism we are compelled to draw the following conclusions:

1st. The more suggestible the patient, the more likely is his complaint to be either an imaginary one, or one induced by auto-suggestion.

2nd. Such patients are more likely to relapse into their old conditions or assume new ones.

3rd. Patients suffering with genuine troubles are in inverse proportion to their suggestibility, i. e., therapeutic suggestion is more effective with those who are not so amenable to positive suggestion, when there is an actual trouble to be cured.

Mesmeric sleep was the condition now known as induced somnambulism, and was the only condition recognized by Mesmer. Mesmer's patients were attracted to him through their suggestibility and credulity, from all over the country, so that he drew the cream of the class of individuals now recognized as somnambulists.

Bernheim defines hypnosis, not as a condition of sleep, but as one in which suggestion has an exaggerated effect.

Braid, the Manchester physician who studied the subject about 1841, gave the name of hypnotism to the peculiar drowsy or sleep condition coming on from fixed attention. This was the mesmeric condition, somnambulism.

Most all psychologists have adopted the theory of the *dual mind*. I will adopt this theory and shall designate these minds as voluntary and involuntary. Then man has two minds.

In the sleeping condition man is controlled by his involuntary mind, and he is not conscious of its actions in this condition, except through dreams. The involuntary mind controls every bodily function. It is the seat of the emotions and the guardian of memory. Our whole educational experience is stored there; it is amenable to control by the voluntary mind. The impressions received through the five physical senses are stored away in the involuntary mind. Man's voluntary mind is at rest during sleep, but is aroused the instant he becomes conscious of the reception of impressions through the senses.

In a waking condition man is in a position to reason properly upon conscious impressions. He reasons inductively as well as deductively —that is, he analyzes and separates, as well as synthesizes and puts together facts to enable him to arrive at reasonable conclusions. In suggestive therapeutics it is the involuntary mind we wish to impress, since it controls the bodily functions. It is quite easy to

reach the involuntary mind of those who are highly suggestible (example Mesmer's patients), but the success of the whole work depends upon the ability to reach the involuntary mind of those who are apt to reason on every suggestion received, and to influence them to accept suggestions for their benefit.

Suggestive condition is one in which a suggestion has an exaggerated effect, and to get this condition we remove all auto-suggestions, and thus get the patient's mind centered on suggestion given through the senses.

A somnambulist does not reason as rapidly as other individuals and has not the degree of voluntary attention. His mechanism of reason works slowly, and when a suggestion is given it seems to absorb his whole attention; this being the case he finds it easier to acquiesce in a statement rather than refute it. No matter how absurd it is he finds it easier to act out a part than to resist the suggestions of the operator. When left to himself to give an explanation for his actions, unless he has committed himself already, he will say he found it easier to follow the suggestions of the operator than to do otherwise, although he knew all the time that what he was doing was absurd, or he may say he did it simply to please the operator. In giving suggestions to such persons we must be careful not to give too positive suggestions to the patient if we want to find out what benefit he is receiving.

Attention is said to be the focusing of consciousness. It may be directed inwardly upon mental objects, or outwardly upon external objects. Thus we have natural and voluntary attention. All animals and man included are born with the natural attention. To hold this attention for any length of time an object or subject must be interesting. A dog will follow a rag shaken in his face, but his attention is quickly given up to the next impression which arouses his curiosity. One of the most potential differences between man and the lower animals lies in the fact that man is capable of developing his voluntary attention, and thus he is enabled to overcome the dictates of his natural attention and inclination. It is the development of this ability to control the attention or inclination which constitutes "will power," and in the same degree in which voluntary attention is developed do we find reason present.

The old idea of suggestion was that a patient could be made to accept any suggestion given whether true or false. Some physicians,

who profess to cure by hypnotism, tell a patient with a red and swollen joint, that they are perfectly well and are suffering no pain, and that after treatment they would be able to get up and walk as well as any one. This mode of treatment might answer in the case of a somnambulist, for such patients will get up and limp around and follow the suggestions of the operator, and will declare that they can walk all right and experience no pain. To the onlooker, who does not understand the reason for these statements of the somnambulist, the "cure" appears marvelous. However, if the same patient is seen when away from the operator's influence, he will declare that his pain is as bad as ever. Such a method of curing by suggestion is the worst form of charlatanry. These patients are actual sufferers and have troubles in the organs of nutrition and elimination that produce the swollen joints, and suggestions should be directed towards nutrition and elimination. To tell a patient of this kind that his pain is gone, and that he can walk, is to insult his intelligence.

There are many theories about inducing the hypnotic sleep or condition, but we may safely postulate as follows: "*The highest degree of suggestibility which it is possible to induce in any individual is present the instant his attention is concentrated on the suggestion he is receiving.*

Can a person be hypnotized against his will? This is a very important question, and is often asked especially in relation to crime. There are no proofs that a person can be hypnotized and made to commit a crime. To make such a person commit a crime, that person must be a natural criminal and is only too willing even in his normal condition to break the law.

Psychology means briefly the science of the mind, a knowledge of the power within; and the application of this science to the physical ills of the body is known as suggestive therapeutics. An old saying is: "as a man thinketh in his heart, so is he." If a man thinks himself sick he will by his own thoughts produce in himself physical changes corresponding to the nature of the disease he believes himself suffering from. Thoughts are things: change the thought and benefit will ensue.

Among all nations and peoples there are certain localities or persons credited with the possession of a healing power of supernatural origin. At the shrine of Ste. Anne de Beaupre in Quebec, miraculous cures have been in order since 1661 when Louis Giumont, a farmer

of Petit Cap, being afflicted with rheumatism, went through devotion, —to place three stones in the foundation of the new church, the construction of which was just commencing. The record adds he found himself by the blessing of heaven suddenly cured.

Through Monseigneur de Laval in 1670, a precious relic was obtained from France. Nothing less than a fragment of a finger bone of St. Anne herself, this relic was conveyed to the church, and has not ceased to be the object of fervent devotion. It matters very little whether the particular "charm" which works the cure is in the form of a piece of wood, stone, brass, or finger bone of a saint. The point to note is that a very large percentage of the so-called miracles are actually wrought, and that apparently, through personal contact with the charm. But we find that when a piece of ordinary wood was substituted without the knowledge of the supplicants, there is no abatement of the cures or miracles, so from these facts we gather the scientific truth. The healing virtue does not rest in the relic, but in the attitude of the mind of the sufferer. That is, those who were healed, were healed by the power of their own minds suddenly roused into activity. Many of these cases can be cured by specific medication, as many of these unfortunates return as sick as when they started. In these cures there is no evidence of miracle, for a miracle is something supernatural, beyond the pale of natural law. It would seem then, that the condition of the mind of the sufferer is a very potent factor in establishing or removing disease.

The most wonderful phenomena of suggestion the world has ever witnessed are probably those related in connection with the miracles of Christ. That he performed miracles, history, both sacred and profane, admit. Because these works of Christ were apparently a deviation from the known laws of nature is no evidence whatever that they were beyond the pale of law. There is no such thing as supernatural; it is only the "superusual" that gives us cause to wonder. If we had never seen the sun rise, on witnessing it for the first time we would look upon it as a miracle. Faith, hope, expectancy and belief are powerful therapeutic agents.

In reading the history of France, we would imagine that Napoleon must have hypnotized the entire French nation, and then died without removing the spell of his genius. A suggestion of his spirit still broods over that land. To refuse to take medicine of any kind is the height of folly, and is the weak spot in the armor of Christian

scientists and mental healers. But both medicine and suggestion should be used as circumstances demand.

This subject has received much attention in recent years and is now quite familiar to the intelligent public. It is sufficient to say that there are two schools differing somewhat in their teaching. The "Salpetriere" school of hypnotists contend that hypnotism is a disease, that it may be studied from a pathological standpoint, and that suggestion plays an important role; while the school of "Nancy" that it may be best studied on healthy subjects, and that the basis of it all is "suggestion." Charcot believed in the Salpetriere school, but shortly before his death he thought that there was much to be learned from the Nancy school. Charcot believed that persons in whom hypnosis could be induced possessed diseased nervous systems, and such was his earlier teachings; but he gradually came around to the theories of the Nancy school. For myself I believe in the Nancy school, as its teaching, I believe, is the more rational.

I have bern surprised at times at the credulity of learned men. That such men, as physicians, ministers and lawyers, can be taken in by the tricks of the travelling hypnotist and mind reader, etc., such as Anna Eva Fay and those of her class, when all the wonderful (?) things they do are nothing but tricks, which any one if he takes the time can learn to perform. I would like to say again, is it right for us as scientific men to countenance those frauds by acknowledging them as something supernatural? "Medical men" are supposed to lead all in that one quality, "common sense." Is it so? In treating the sick, we, as medical practitioners, should have and use this common sense which God has given us. Do not be imposed upon any longer by frauds, such as the stage produces in the hypnotic line, etc., but let us study this wonderful subject and master it, and put it upon a scientific basis.

Much is being done to-day in treating disease by hypnotic suggestion. My own opinion is that this method will rapidly increase. The nineteenth century has brought to light no therapeutic agent more powerful or more capable of usefulness than suggestion, and I believe the twentieth century will find none so generally applied. Surgery and hypnotic suggestion will largely constitute the healing art of the future.

Let us explore this new field of knowledge. Let us turn from war, the greed of gain, the strife of life, and the sorrow of pain, to look for greater happiness. The night around us is dark, the storm rages, the billows are high. Let us look and listen, for comes there not a new light, a new voice, and a new hope, to which humanity may cling.

References and extracts—Parkyn, Davis. Authorities—Mesmer, Braid, Charcot.

THE METHODS OF ADMINISTRATION OF ANESTHETICS.*

By Edward Martin, M. D., Philadelphia, Pa.

The agents employed for the production of general anesthesia are, with us in Philadelphia, ether, nitrous oxide and ethyl chloride. Chloroform is used most exceptionally, and perhaps in part because of this, has been attended by a high mortality. It has been shown to be more irritating upon the kidney than ether, and excepting on parturient women or cases about to be subjected to brain operations or those suffering from inflammatory lesions of the air passages or those who have previously taken it and express a strong preference for its use, it is but little employed by our surgeons.

In regard to the other three agents, the essentials for their safe and uncomplicated action are the selection of a pure drug and the services of an experienced anesthetist. As accessories to an uncomplicated anesthesia the proper choice of an apparatus by means of which the vapor or gas may be administered, and the previous preparation, general temperament and bodily health of the patient are important.

Ether is commonly employed for operations which will probably last longer than five minutes. It is often advantageously preceded by nitrous oxide or ethyl chloride.

Nitrous oxide is given for short operations, and when combined with oxygen may be depended upon to keep the patient anesthetized for upwards of an hour. Ethyl chloride is also employed for short operations, but its effect may be indefinitely prolonged and apparently with comparative safety.

In administering ether, an original package, not previously broken, should be employed, since ether deteriorates and its vapor becomes irritating when exposed to the action of air and light. Because of this it is well to purchase ether in quarter-pound packages, employing what may be left over after its administration for non-surgical purposes. Though the most experienced anesthetists abroad habitually give ether by the closed method, using the Clover inhaler or an apparatus constructed on similar principles, the practice in this country is to give it by the open method. Probably the inhaler in

*Read before Philadelphia County Medical Society, March 25th, 1903.

commonest use is one made by pinning a square of gauze so that it forms a hollow cup. This is laid over the nose and mouth and the ether is poured upon it. The common mistake in making this inhaler is to employ too little gauze, the air which passes through its meshes being not sufficiently saturated with the vapor of the drug. At least twenty and preferably twenty-four layers of ordinary gauze should be used, and care should be taken to see that the patient breathes through the gauze and not around it. This implies the use of one hand, by means of which the borders of the gauze-cup are held closely applied to the chin, cheeks and sides of the nose, whilst from the other hand the ether is poured upon that portion lying immediately over the air passages. The inhaler which has been received with most favor because of its safety, simplicity and efficiency is that devised by Allis. It is made in a folding, and hence easily portable, form and the only objection to it is incident to the fact that it will not fit all faces, and hence at times the air passes between the cheeks and the lower border of the inhaler rather than through the ether-saturated strips of bandage. This may be in part obviated by folding a towel about the lower portion of the face-piece so that it projects below the latter, its free borders accommodating themselves to the irregularities of the face.

I am in the habit of using an inhaler consisting of a lead framework over which may be stretched twenty-four layers of gauze, which is so shaped that it fits closely about the mouth and nose, and which may be retained in position by bands passed around the ears, thus giving the anesthetist the use of both hands.

The preparation of the patient implies, when this is practicable, an empty stomach, or at least one containing only liquids. When there is likely to be a large quantity of fluid in the stomach, this should be removed by the stomach tube, since a patient may readily drown himself in his own vomit when profoundly anesthetized. Indeed, I have had this accident occur after an operation for internal strangulation and gangrene, though the patient at the time had partially recovered from ether. It is scarcely necessary to state that any loose object in the mouth should be removed before giving the ether.

I have been in the habit for some time of immediately preceding the administration of ether by spraying the throat and nose with a solution of cocaine, 2 per cent., in adrenalin chloride, 1 to 10,000. This greatly lessens the danger of cardiac and respiratory inhibition,

which may cause death in the early stages of anesthesia, makes the nasal airway patulous and so diminishes the secretion of mucus, that the anesthetizer is very little troubled by accumulations of this kind in the throat. This preliminary spray also does away with the sense of laryngeal constriction and suffocation which, to many patients, is the most disagreeable part of an operation.

Whatever form of inhaler be employed, the administration should be gradual. For the first few inhalations the patient should be given a very attenuated vapor, the strength being gradually increased until it is evident that consciousness is lost, when it should be steadily and unremittingly pushed until complete relaxation is obtained. This end is best attained by so regulating the supply that it runs upon the inhaler in a series of drops just short of a steady stream, and this continued dropping should never cease, unless there be some complication, until anesthetization is accomplished. The simplest way to provide for this steady flow is by cutting two shallow grooves in the cork which is thrust into the opening of the quarter-pound ether can. This end may be more satisfactorily attained by having a dropping cork provided with two tubes of such caliber as to allow the ether to escape in the manner described.

The anesthetist should be provided with a mouth-gag and a tongue-retractor.

With few exceptions the difficulties he encounters will be due to mechanical obstruction of the respiration. This mechanical obstruction will be caused, in the early stages, by a rigid closure of the jaws and a thrusting of the tongue against the hard and soft palate or its dropping back against the posterior pharyngeal wall. Even though it be impossible to open the jaws, the pharynx can be opened widely and the epiglottis lifted by extending the head upon the neck. This at once relieves the difficulty if the nasal passages are free. This, however, is rarely the case, since this muscular spasm occurs in fleshy, muscular, red-faced, drinking men, whose mucous membranes are all congested and juicy and whose nasal passages are at best inadequate; when congested by ether, by the recumbent position or moderate asphyxia they become practically impervious. With such patients it is wise for the anesthetist to insert the mouth-gag at the beginning of anesthesia. Although I have never seen a patient die from this rigid asphyxia, the symptoms are often so alarming and the congestion so

pronounced that in those with a weak vascular system the danger must be great.

A common cause of mechanical obstruction of the air passages is incident to an enormous secretion of mucus and saliva. This can be prevented by the preliminary use of adrenalin and cocaine. It can be helped by sponges, provided with long handles, by means of which the throat is repeatedly wiped out. Under some circumstances when the fluid has been aspirated in the trachea, and in spite of drying the throat, the symptoms of asphyxia persist, it is needful to allow the patient to partly recover from his anesthetization in order to clear his air passages by a coughing action.

In profound anesthesia, the air passages may be mechanically blocked by the relaxed tongue dropping backward so that its base together with the epiglottis lies in close apposition to the postpharyngeal wall. This may be obviated by extending the head upon the neck. This motion does not, however, necessarily imply a free entrance of air into the larynx, since this very extension has a tendency to strap the soft palate over the base of the tongue, and thus to entirely prevent mouth breathing. The tongue may be freed from the soft palate by grasping its tip and pulling it well forward. It should be borne in mind that this traction upon the tip of the tongue has absolutely no effect upon its base; that though it will draw its dorsum from the soft palate, it will not affect the base of the tongue or the epiglottis in the slightest degree; and even when the traction is so powerful as to tear out the thread passed through the tip of the tongue, the pharynx may still be occluded by the base of this organ. Hence, head extension and traction upon the tongue are both needful to insure a free passage of air through the mouth. When the tongue is particularly thick and fleshy, even traction upon its tip may fail to open the way between its dorsum and the soft palate. Under such circumstances, the anesthetizer should pass a finger well down toward the base, when, by upward and forward traction, the air passage may be freed.

Dr. Hare and I some years ago demonstrated the effect of head extension upon the patulousness of the pharnyx by removing a portion of the basilar process of the occipital bone, and inspecting the pharnyx and larnyx directly through this opening. The illustrations I now present to you were prepared by Dr. Thomas and myself, and prove

more conclusively than the most elaborate argument the value of head extension as a means of lifting the epiglottis and tongue base from the posterior pharyngeal wall.

Cardiac and respiratory failure, from injudicious pushing of the anesthetic, often combined with shock, is best counteracted by hypodermic injections of cocaine, caffeine and normal salt solution, employing in the latter 2 drams of adrenalin chloride (1 to 1,000) to the pint, and using a sufficient quantity to restore the vascular tonus. Absorption of this adrenalin chloride in normal salt solution should be hastened by vigorous massage, and when the emergency is great the adrenalin should be driven directly into the venous circulation, preferably diluted fifty times by normal salt solution, and ejected into the external jugular vein. The stimulating effects of this drug upon the vasomotor centers, the heart itself and the respiratory centres have been shown by Reichert and Crile. I exhibit here a tracing taken by Dr. Thomas and myself. The pancreas was removed from an etherized dog, and the anesthetic was pushed until the animal died. The chest was then opened, the heart exposed and artificial respiration was begun. Seven minutes after complete cessation of all heart motion four cubic centimeters of a 1 to 10,000 solution of adrenalin chloride were ejected into the external jugular vein, the pumping action of the heart being in the meantime produced by manual pressure. This for the purpose of carrying the adrenalin chloride to the right auricle. The irregular waves at the abscissa line indicate the feeble pulse without tension caused by manual pressure. Within a very few seconds of the injection the heart began to beat vigorously, the blood pressure promptly jumped to normal, efforts at respirations were resumed some minutes later, and the dog would apparently have lived for hours had he not been killed, thirty minutes later by bleeding.

In the asphyxia of ether administration I consider oxygen of doubtful use. I have never seen convincing evidence as to its efficacy, and I believe that attention devoted to the absolute freedom of the air passages and the insurance of full respiratory movements is of far more moment than are efforts directed towards driving a small quantity of oxygen into the nose or pharynx.

As to the value of strychnine I have long been skeptical, and recent researches, particularly those of Reichert and Crile, seem to prove conclusively that it is not only without value, but may be positively harmful.

The combination of nitrous oxide and ether I consider admirable. The patient goes under the influence of the gas in from one to two minutes, without any distressing feelings beyond those incident to vertigo and noises in the ears. The subsequent complete anesthesia by ether is materially hastened. I believe, however, that it is unwise to produce a condition of asphyxia by nitrous oxide, and then to place closely to the patient's mouth and nose a cone saturated with ether. Moderate anesthesia by nitrous oxide, and a pushing of the ether a little more rapidly than is allowable when ether alone is given, seems to be an agreeable, safe and efficient method of accomplishing surgical anesthesia.

As to the choice of an apparatus by which this combined method may be applied, I believe that one so provided with valves that one agent may be turned on as the other is turned off is undesirable, since it is complicated. Each should be given separately. It is stated that nitrous oxide may be employed for prolonged operations, provided the surgeon mixes oxygen with his gas. I am not convinced that mixture with atmospheric air is not equally serviceable.

Recent statistics apparently demonstrate the complete safety of ethyl chloride for the performance of operations requiring but a few minutes. Because of the ease with which this agent is given, and the portability of the apparatus, it bids fair to supplant nitrous oxide. The inhalation of the vapor causes no irritation to the throat, is not disagreeable, and anesthesia is accomplished in from thirty to forty seconds. Moreover, it lasts from two to seven minutes, and requires not more than from two to four cubic centimeters of the ethyl chloride. It is particularly important to procure a perfectly pure drug; ethyl chloride is affected by light. This agent has been used for the performance of operations requiring from thirty to sixty minutes, but such a large percentage of cases subsequently exhibit albumin in the urine that further statistics should be awaited before employing it in place of ether. I exhibit perhaps the most convenient apparatus for the administration of ethyl chloride. When anesthesia is accomplished, the pupils are usually dilated, and the pulse is likely to become extremely rapid. The patient comes out as rapidly as he goes in; there is usually no struggling in the beginning, no vomiting afterward, and, indeed, unpleasant sequelæ are almost as rare as in the case of nitrous oxide.

In regard to the choice of anesthetics, I believe that nitrous oxide should be selected for brief operations because of its safety, and as a preliminary to ether because of the greater comfort experienced by the patient. Ethyl chloride has been proven sufficiently safe to justify its use for office operations, but judgment as to its safety and serviceability for prolonged operations must still be withheld.

Ether is the safest and most dependable anesthetic for major surgical procedures requiring complete relaxation and an expenditure of some time.

Chloroform may be used in brain surgery and in patients suffering from inflammatory lesions of the air passages. It has been clearly shown that its irritating effects upon the kidneys are greater than those of ether.

PRESENT STATUS OF DIPHTHERIA—TYPHOID FEVER.*

By G. A. B. Addy, M. D, C. M., Pathologist to the General Public Hospital St. John, and Bacteriologist for the Province of New Brunswick.

A definition of diphtheria satisfactory from the standpoint of the sanitarian has not yet been formulated. Persons in good health who have not recently suffered from diphtheria cannot be said to have diphtheria because of the presence of virulent diphtheria bacilli in their air passages, and under such circumstances there appears to be no sufficient ground for regarding diphtheria patients as still suffering from that disease after the complete disappearance of the clinical symptoms, even though diphtheria bacilli continue to be present. The only practical way of avoiding this difficulty, so far as the matter of quarantine is concerned, appears to be to define, in the statutes governing such matters, the exact meaning of the term diphtheria, or to base the quarantine regulations merely on the infective qualities of the individual rather than upon the presence of disease.

Recent studies have tended to establish the existence of a bacillus identical with the diphtheria bacillus in form, but without its pathogenic properties, and have shown certain nice distinctions between bacilli, formerly regarded as morphologically identical with the diphtheria organism. They have, however, failed to demonstrate any method other than animal inoculation by which to determine the virulent or the non-virulent properties of bacilli, classed morphologically as diphtheria bacilli.

Virulent diphtheria bacilli may be found in the air passages of any individual whatsoever without regard to clinical symptoms. There is, however, relatively greater danger from persons presenting the clinical symptoms of diphtheria, because of the increase in such cases in the secretions of the air passages, and of the presence of diphtheritic membrane, both of which tend to excite symptoms and to afford media likely to carry the bacilli into the surrounding atmosphere. The danger is, to a certain extent, in proportion to the severity of the clinical symptoms, certainly because of the presence of the features

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just mentioned, and probably because of the relatively greater virulence of the bacilli in most of the severe cases.

Diphtheria infection apparently depends on the relation between the virulence of the infecting organisms and the susceptibility of the individual attacked. It involves, therefore, questions of quantity as well as quality of the infection, and of degree as well as character of personal immunity and vital resistance. Unsanitary conditions tend to diminish the vital resistance of the animal organism, and, therefore, make it more prone to succumb to attack. Personal cleanliness on the part of those in attendance on him favors the spread of the disease by increasing the dissemination of the infective particles through the atmosphere. Unsanitary conditions, including personal cleanliness and over-crowding, are, therefore, active agents in the spread of diphtheria infection.

The prevention of diphtheria requires theoretically the isolation of all persons having in their air passages or elsewhere bacilli morphologically identical with diphtheria bacilli, until and unless the non-virulence of such organisms has been demonstrated. Practically isolation to this extent is impossible. In fact it may be questioned whether it is practicable to quarantine even persons showing no clinical symptoms of diphtheria, but having infective bacilli about them; until something definite is known as to the number of such individuals in a community, under ordinary circumstances this cannot be determined; and if such persons are not to be quarantined, there appears to be no sufficient reason for the quarantining of diphtheria patients after the disappearance of clinical symptoms, although they may upon examination show the presence of diphtheria bacilli.

There is, I think, a growing belief that disinfection of rooms, etc., is not an important factor in the restriction of disease in modern civilized life. Asepsis has taken the place of antisepsis to a great extent in surgery. The first step was the recognition of the bacteria as producing trouble, the next the effort to kill them in situ, the next to prevent at once their access and the necessity for killing them. Parallel with this change, I think the impression is growing that what we need now is not so much disinfection to kill bacteria after they are spread about, but measures to prevent their spread. Of course it would not do to push the analogy too far. I only wish to outline an idea.

While not denying the possible agency of material things in the

transmission of this disease, it is believed by some close observers that the part played is very small. It is probably infected persons, and not infected things, that cause the trouble, and it is the infected persons that are practically well that are by all odds the most important factor. I do not wish to shake existing faith in disinfection and disinfectants, but rather to point out the possible advantages that may come from a re-examination of the question.

TYPHOID FEVER.

The old theory that the infection of typhoid fever is conveyed by the fecal discharges only has been taught and accepted so many years, that it is not at all impossible that when searching for the cause of an outbreak of this disease, especially in the so called sporadic cases, the fact has frequently been lost sight of by the investigator, that there might possibly be some other mode of infection; or if this did seem possible it would be a bold person who dare to assert that such was the case, contrary to the general accepted theory.

Comparatively recently it has been demonstrated that the typhoid bacilli are present in the urine of about 25 per cent. of those having typhoid fever, after the third week, and that such continues to be the case months after recovery has taken place.

Disinfection of stools of persons having this disease has been so long and thoroughly taught, that it has become almost criminal for the laity to neglect this precaution, and quite so for a medical man to fail to give full directions for the proper treatment of this material.

With the typhoid bacilli present in the urine for months after the patient has passed from the observation of the physician and has resumed his usual avocation, how probable it is that many of the cases that have had their origin sought in vain, were due to the fact that infected urine had been deposited in the vicinity of some wells or water courses. Outbreaks of typhoid fever due to this cause have been recorded.

The Widal reaction, first described in a paper read on June 20th, 1896, by the man whose name it bears, has received an unusual degree of attention in medical literature, and careful investigation by many and competent observers since that date have led to an almost general recognition of its value, employed with due precaution, in the diagnosis of enteric fever. There are, however, from time to time, authoritative statements to the contrary, and doubts are not infre-

quently expressed of its actual diagnostic value. It would seem that depreciation of this kind, when not due to an entire ignorance of the significance of the test, may, in many cases, be attributed to faulty methods in laboratory technique.

The complaint has been made, that, granting its presence, in the vast majority of cases it does not appear early enough; that other signs, such as splenic enlargement, rose spots, etc., may be present before the Widal reaction. Anyone who has noted the varying manifestations of typhoid fever, the possible absence of rose spots and splenic enlargement, as well as other signs, will not lightly refuse such valuable confirmatory evidence as is afforded by the Widal reaction, however late.

TUBERCULOSIS.

DISADVANTAGE OF SENDING CONSUMPTIVES AWAY FROM HOME.

By Smith L. Walker, B. A., M. D., Los Angeles, California. (Formerly of Truro, N. S.)

Attention is herewith directed to the tendency on the part of the laity, a tendency still too frequently encouraged by the profession, to send their consumptives away from home, trusting to a milder climate to restore them to health. Several cases, similar to the one about to be related, have come under my observation during the past year, and a number of physicians in Los Angeles have informed me that many such cases have been seen by them. This one case may be regarded as typical of hundreds in this city every year.

S. G., male, 21 years of age, carpenter, came to Los Angeles from one of the Atlantic coast villages of Nova Scotia about Nov. 1st, 1902. considerably broken down in health, and expecting in a few weeks in this delightful climate to regain his strength and follow his trade. Upon examining him on Nov. 11th, it was learned he had been sick the greater part of 18 months from severe colds and cough, increasing weakness and loss of flesh. He gave an extensive family history of consumption. At this time his pulse was 130 and his temperature 101.4°, while both lungs showed tubercular processes of considerable extent and a beginning laryngeal involvement, examination of the sputum showing many bacilli. Owing to the limited state of his finances it was impossible to send him to a sanitarium for an indefinite period, where the minimum expense would be $25.00 per week; yet for three weeks, by resting all day in a hammock in the sun, with a forced diet, he held his own fairly well, although his pulse ranged from 110 to 160 and his temperature from 97 to 103°. Being then compelled to change his quarters to a typical lodging house, and much difficulty in swallowing being experienced, he began to fail rapidly, until on Dec. 19th he had to be carried into his room, and the next morning was found dead in his bed. All the care and nursing he could secure was what two relatives, both carpenters, were able to give him. When he became unable to properly take care of himself, an effort was made to secure an entrance into some home or hospital

where at least proper nursing might be secured, but all doors were closed against consumptives. Had he been confined to bed, possibly the Associated Charities might have compelled the County Hospital for the Poor to admit him, but there was not even a room in that undesirable institution. No room!

This is not an exceptional case. The delightful climate, with entire absence of snow and frost, with its many sunny days, and with the alluring reports of good times and plenty work, all combine to make Southern California the Mecca of health seekers. Yet in this, as in many other instances, had the money expended for travelling, for board and lodging, and for funeral expenses, been used at home in an intelligent effort to regain health, this young man would have been living to-day and perhaps have been on the road to recovery. The climatic conditions here are excellent, but plenty of fresh air, even with the snow and rain of a Nova Scotia fall and winter, among friends, with good food, is better far than attempting to hustle among strangers, where your presence is considered a nuisance and a menace to others, and where only the almighty dollar many times multiplied can secure tolerance and modern scientific and humane treatment.

Perhaps in this connection attention may be called to the attitude of the public and the profession in California towards tuberculosis. Nowhere else, perhaps, is it regarded so surely the Great White Plague, and the State authorities have attempted to introduce legislation which shall practically exclude all tubercular patients from entering the State. This unscientific and inhuman stand has very properly evoked opposition from the leaders in the medical profession and has led to the formulating of proposals which shall provide suitable care for consumptives. The trend of this movement may be indicated by the following quotations from a circular ordered to be forwarded to all members of the State Legislature by the Los Angeles County Medical Society.

"The work of the Southern California Anti-Tuberculosis League should be carried out along several lines. In the first place, we should educate the people to the fact that tuberculosis is communicable. We should teach them just where the danger lies, and that if the bacillus-bearing discharges, of which the sputum is the chief, and in most cases, perhaps, the only one, are carefully destroyed, there is no danger from the tubercular individual. While we must insist on the enforce-

ment of sanitary laws, yet we must avoid creating in the minds of the people an unnecessary fear which will work undue hardships on those afflicted. Nowhere can it be said with greater justice, that 'a little learning maketh mad,' for those who have learned that tuberculosis is a communicable disease, and have learned nothing more, have become frightened and are associating in their minds, tuberculosis with such diseases as small-pox. We must emphasize with equal, if not greater care, that tuberculosis is preventable. We must, furthermore, teach them how to prevent it, give full and explicit directions for the afflicted, and also for those who must care for him. The necessity of sunlight and fresh air should be emphasized.

"Another important field of work for our league is in caring for the afflicted poor. This is a necessary measure from the standpoint of prevention, and desirable from the standpoint of the humanitarian. As long as the poverty-stricken tubercular individual is compelled to care for himself, he will be forced to occupy unsanitary quarters, and will scatter infection about him either because of ignorance or because of a spirit of apathy. Since each patient, on an average, infects about one new one, and each careless one may infect several, it can be plainly seen that the care of the helpless poor bears a very important relation to the problem of prevention of tuberculosis, and, since hospital facilities are provided for those suffering from other diseases, it is but just that they should be provided for these.

"The Anti-Tuberculosis League could perform for the tubercular poor an act of mercy, render society a noble service and do itself a great honor, if through its efforts there should be established in our midst a system of dispensaries in the cities where those afflicted could come for advice and where those who suspect the disease could be examined while they are in a curable stage, and, further, if through its agency, there should be provided sanatorium facilities for those who are curable and hospitals for those in the advanced stage."

That the object of this communication may be more surely accomplished, attention is also called to a paper published by Beever in the London *Lancet*, January 3rd, 1903, and summarized by the Journal of the American Medical Association. He denies the contagious nature of the disease, declares it is only rarely or indirectly infectious, protests against the hardships imposed upon consumptives, and sees the best hopes of good results from just such methods as can be pursued at home. Attention is called to the 'decrease of consumption

of late years in spite of over-crowding and the increase of population, etc., which would increase the risks of infection. It is better nutrition, avoidance of infectious fever, better sanitation and ventilation, that are probably the cause of improvement. He hopes the medical profession will not encourage the public to avoid their tubercular fellow-creatures. Such a course will not, in his opinion, diminish the amount of tuberculosis. It will swell the ranks of the unemployed; it will depress the phthisical wage earner's spirit; it will empty his pockets and ultimately, by want and distress, reduce his family to that condition of low vitality which the tubercular bacillus requires for a successful invasion. He says that it does not require insolation and is infectious only under exceptional conditions, insists that healthy people may enjoy extraordinary immunity, that fresh air and open windows are the great armor against its attacks, and that the instruction of the young in general principles of hygiene will prove more valuable eventually than the insolation measures proposed.'

Concluding, it may be suggested to the profession, particularly in the country districts, to keep the tubercular patient at home. Educate the public along the lines indicated, initiate and follow up scientific modern hygienic cures of home treatment, cure them and insist upon receiving the credit for your labor, or failing to cure let them die among friends. If they are bound to spend money, let it be at the nearest sanitarium. By comparison, the stand taken by the profession in Nova Scotia on tuberculosis is most commendable, yet there is still opportunity for better and more effective warfare against this too prevalent disease.

315 W. 6th St., Los Angles.

NOTES OF A CASE OF CANCER OF CÆCUM.*

By. A. B. Atherton, M. D., Fredericton, N. B.

J. S., aged 30. No cancer in near relatives. About May 1, 1901, began to be troubled with constipation, which grew worse for some months, and was accompanied with some discomfort at first and subsequently with more or less pain. For about a month previous to operation the constipation gave place to a looseness, with occasionally blood and mucus in stools. A lump was also felt on right side of abdomen. Dr. Wier, of Doaktown, then referred him to me.

He was quite anæmic and had lost considerable flesh, just how much he did not know. His usual weight was 137 pounds. On examination the belly was found rather full and somewhat tympanitic, except over a tumor the size of the fist, which could be felt to the right of the median line and somewhat below the umbilicus. It seemed fairly movable.

Operation. May 7, 1902. A five inch incision made along outer edge of rectus, and the tumor found occupying the cæcum. The bowel brought out and fillets of iodoform gauze and forceps used to clamp the ileum and transverse colon. More than a foot of bowel excised, beginning at about three inches from caputcæci, and ending at middle of transverse colon. Also several enlarged glands in neighborhood cut away along with surrounding tissues. Then ileum united to colon by mattress silk sutures passed through all the coats and tied inside bowel. These were fortified by a line of continuous silk sutures passed through the peritoneal coat, interrupted here and there by a single knot. After removal of iodoform gauze fillets and cleansing of peritoneal cavity, the abdominal wound was closed by through and through fish-gut sutures and dressed antiseptically, a strip of iodoform gauze being laid over line of union for drainage.

After a week or so the sutures were removed to give exit to discharge and some sloughing cellular tissue, and the patient left the hospital for home before the end of the sixth week with the wound healed and feeling very well. He was still quite anæmic however, and iron and arsenic was ordered.

He now, two months after operation, weighs 141 pounds, being four pounds more than normal, and has no abdominal pain and bowels are regular.

The tumor was quite hard on section, and ulcerated over its internal surface.

*Read before New Brunswick Medical Society, St. John, July, 1902.

Selected Articles.

SURGICAL AND MEDICAL EPIGRAMS.

By Lucien Lofton, A. B., M. D., Emporia, Va.,
Ex-President Seaboard Medical Association of Virginia and North Carolina; Surgeon to Southern Railway Company, A. C. L. Railroad Company, Etc.

The best is none too good to offer a candidate for the scalpel.

Never be sure of a thing until you get your eye and hand upon it.

Don't frighten an applicant for your surgical skill. Remember the bravest sometime becomes the weakest, whose life is in your hands.

A love-lit eye, a cordial welcome, and a sympathetic voice woo confidence, and confidence often cheats the grave of a mistake.

The stern realities of a well-groomed scalpel are not half so sharp or cutting as neglect to a man from under your knife.

Color should play no active role in a surgical drama; one subject—one God.

A surgeon should be more dextrous with his hands than with his tongue.

To treat a patient successfully when his confidence in you is in a state of suspension is worse than infidelity.

A mercurial temperament is to a physician what the initial lesion is to a married man—the worst thing he might catch.

Diseases make heathens of a great many, but still they should receive just consideration.

It is said men never gain anything by short cuts in business. But recollect: short cuts of a surgeon mean a great deal to his patient.

As cheap as is medical literature, a man who does not stand abreast of the times, is not only a defiler of the profession, but likewise an enemy to mankind.

Big brains are not always necessary to be a great success in medicine. If so, successes would be like Kimberley mines.

When you believe what you preach the contagion is likely to spread and you profit thereby.

Parturition may be called "opening a keg of nails" and "having a frolic," but the helpless woman in travail is justly entitled to more skill and consideration than all christendom affords.

The fight being made by "Christian Scientists" for succor, is certainly gaining them a foothold among a certain species of the finny tribe.

How many surgeons daily receive malignant stabs and cuffs from the broken limbs they have treated!

Barnacles to a ship, bacteria to men, are not half so blasphemous as the ministerial parasite.

A woman in labor and a man with nephritic colic are always justifiable in calling for help.

Righteous indignation should play no minor part in the inaminate cussedness of things which hourly harrage the doctor's life.

The purse string of a man's pocketbook is never so elastic as it is immediately after you complete your operation.

Horseback riding and bicycle exercise are not the only means of "sport" which cause urethritis in a married man.

Men may honestly disagree, but do they always disagree honestly?

Don't proclaim to the world something new until you have heard from the "hayseeds" of the rural districts.

In surgery it is always better to let your right hand know what your left is doing.

A doctor's reputation may be easily ruined by his inserting his right index finger one inch too far.

Between a body of water and fecal impaction lies the modesty of the world.

Septic contamination is not half so bad as sterile jealousy.

Green soap tincture, bichlorid, phenol and alcohol will not erase a surgical blunder.

Hope is not always written on the surgeon's blade, but charity is.

The germ of despair hibernates in us all. Blessed is the man who possesses an eternal sunshine-generator.

Skill and prejudice are incompatible; one born of genius—the the other a bastard proposition.

The funny surgeon's hand and advice will not create a demand for assistants. Be bright, but not light.

An operating room is a bad place for a funeral assemblage.

Ether and chloroform are not less volatile than the "rather-cut-than-eat-Doctor."

A 32 French scale sound, when shoved down a tender urethra, is less irritating than the man who continually bores you with his surgical successes.

All doctors who pose as great men, are not subjects of wryneck.

Eye glasses and Van Dyke "lambrequins" are not necessarily indicative of a trip abroad.

If the medicine institutions would turn out more doctors and less diplomas, you might find a widened place in a country road where a physician is needed.

The corpse of a fossilized Hindoo is preferable to the reminiscent doctor "of-how-we-used-to-do-it-years-ago."

A filthy doctor whose lurid fables would make a bottle fly green with disgust, is more contemptible in decent society than a two-year-old skunk on a frosty night.

The blowing, "100-cases-a-day" doctor should swap jobs with a seasoned jackass, or take in his sign.

Some women might make good doctors, but somehow the best I ever saw were mothers and wives.

The bills of the doctor are unlike any other bills made—they are never closed.

The tattling doctor is the sorriest creation of man. It might be added that tattling is the basest folly man ever created.

The difference between blood poison and septic infection is the diagnostician.

They say some men are born doctors; and from the way in which they proceed to treat cases, I am of the opinion they are still in their infancy.

Have an honest opinion of your own even if you have to keep it to yourself.

There are many therapeutic nihilists, but it is only this class of men who ever move a medical fixture.

"Booze" and "dope" should gradually decline on the market. One can be a real live practitioner now-a-days without being an artist in either department; and also be called respectable.

The more medicine a man knows the less he believes.

After all may not the wily German be rightly dubbed a synthetic compound?

The leopard does not change his spots, but the Hon. Mr. Gonococcus does.

A strangulated gut cannot always be released on its own recognizance.

The question is how shall we sound a man whose devotion to Venus is unquestioned?

Turpentine is a "right smart medicine" when improperly used.—*American Journal of Surgery and Gynecology.*

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—*The Medical Times and Hospital Gazette.*

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Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

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THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XV. HALIFAX, N. S., MAY, 1903. No. 5.

Editorial.

THE MARITIME MEDICAL ASSOCIATION MEETING AT ST. JOHN.

The month of May is now upon us, when the dead withered brown of the winter that is past becomes changed into the living green of the fields, and "spring unlocks the flowers to paint the laughing soil," and all nature rejoices in that sweet travail which betokens a season's birth and which later on will, let us hope, result in a glorious harvest of fruit and flower and grain. Human nature partakes with the physical in that rejuvenating power of spring, and we begin unconsciously almost to plan to do something or go somewhere sometime during the summer for change and recreation.

We hope that, in this connection, our readers will bear in mind the meeting of the Maritime Medical Association, which will be held this year in St. John on July 22nd and 23rd. To those of us who have been in the habit of attending these meetings it is unnecessary to advocate their claims, as we can all testify to their professional value and social interest. The Maritime meeting, of all the society meetings in these three provinces, has the pre-eminent advantage of bringing together gentlemen from different parts of the country, who would not otherwise be likely to meet, and of giving an opportunity of testing to what extent we are keeping up with the ever-improving methods of diagnosis and treatment, as well as giving a short period of recreation after a year's close professional work.

This year, in addition to the expected presence of several of our own most eminent members, we are promised a visit from Drs. Maurice Richardson and Cushing from Boston, Dr. H. A. Hare from Philadelphia, and Drs. Evans, F. A. Lockhart and G. E. Armstrong from Montreal.

We are sure it will be a great delight for our members to meet these gentlemen, some at least of whom are of continental reputation, and are sure to instruct as well as please all whose good fortune it may be to meet them.

A strong and energetic committee have charge of the arrangements and a first class programme is being arranged, which later will be published in the NEWS.

The profession in St. John are looking confidently to a large gathering this year from all parts of these lower provinces, and will see to it that there will not alone be offered a good professional programme, but every effort will be made to the end that the comfort and interest of the visitors will be studied and such practical welcome given as will make the occasion an enjoyable as well as a profitable one.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF NOVA SCOTIA.

The next annual meeting will take place on the 1st and 2nd of July at Antigonish, and every endeavor should be made by the profession to have a large gathering present. Our Cape Breton practitioners have no excuse to offer this time at the great distance, as Antigonish is conveniently situated for a meeting, not only for those to the east, but for a large number throughout the province.

The Address in Medicine will be delivered by Dr. G. Gordon Campbell, lecturer in clinical medicine at McGill. Dr. Campbell is a former Truro boy who has made his mark in Montreal. Dr. Henry O. Marcy, of Boston, the well known abdominal surgeon, and advocate of the buried tendon suture, will deliver the Address in Surgery. Another noted visitor will be Dr. H. M. Neale, visiting physician to the White Haven Sanatorium, who will deliver an address on the "Treatment of Tuberculosis." Dr. Neale is evidently an "all round" man, as he was appointed by President Roosevelt one of the commissioners to settle the hard coal strike.

With such men as those mentioned on the programme, besides the promise of many interesting papers and discussions by our brethren throughout the province, the coming meeting should prove most profitable to all attending the different sessions.

Personals.

Dr. H. V. Pearman left last month on a visit to London.

Dr. A. C. Hawkins was recently re-elected Alderman for Ward 6 by a large majority.

Dr. E. A. Kirkpatrick returned from the meeting at Louisville and speaks highly of the hospitality of the brethren there.

Dr. J. R. Millar, formerly senior house surgeon at the Victoria General Hospital, has gone to Amherst to take up practice.

The largest class in its history graduated in medicine at the recent Dalhousie Convocation, viz: nineteen, of which two were ladies.

Dr. W. H. Macdonald, of Antigonish, has lately returned from Jamaica, looking considerably better after two months sojourn on that island.

Dr. W. H. Hattie attended the annual meeting of the American Medico-Psychological Association, which took place at Washington this month.

Dr. W. N. Cochran has lately visited the city, and we are glad to know that he is flourishing at Neil's Harbor, C. B. Evidently the bracing air of the north agrees with him.

Dr. C. D. Murray has been appointed medical inspector at this port by the United States Government, for the purpose of examining immigrants landing here who intend residing in our neighboring republic.

Drs. K. A. MacKenzie, F. Lessel, J. S. Potter and G. W. Whitman, of last year's Dalhousie graduating class, have been appointed to the house staff of the Victoria General Hospital. Dr. J. R. Corston of last year's staff will remain another year as senior house surgeon.

Dr. L. M. Murray has been appointed by the Local Government, provincial pathologist and bacteriologist in place of the late Dr. Halliday. Dr. Murray is now pursuing laboratory work at McGill, and will also remain for a while in New York and Washington.

Dr. C. D. Lloyd, formerly of Lockeport, was in town this month having lately returned from the Philippine Islands, where he served

as a medical officer in the American army. Dr. Lloyd during the war received a gunshot wound in the hip, but fortunately the limb is gaining strength daily. He will practice at Lockeport for a year or two at least.

The medical profession of this city has evidently caught the "moving fever" this year. Besides those mentioned in previous issues, the following have changed their residences:—

Dr. W. B. Almon—to 63 Morris Street.

Dr. W. F. Smith—to 149 South Park Street.

Dr. T. W. Walsh—to 40 Spring Garden Road.

Dr. E. V. Hogan—to 71 Lockman Street.

Prof. C. A. Ewald, of Berlin, is on a visit to the United States.

Major G. C. Jones, A. M. S., is attending the annual meeting of the Association of Military Surgeons of the United States. This Association courteously extended an invitation to Canadian medical officers to become associate members, which a great many accepted. A most interesting medical journal is issued monthly and sent to every member.

Word has just reached us of the death of **Dr. L. R. Morse, Sr.,** of Lawrencetown. Further particulars will be given in next issue.

Therapeutic Suggestions.

Acute Dysentery.

℞ Cupri sulph ..... gr. ½
Magnes. sulph ..... oz.i
Acid sulph. dil ..... dr.i
Aquæ ..... oz.iv

Sig.—A tablespoonful every four hours.—*Bartholow.*

Delirium Tremens.

℞ Potass bromidi .....
Sodii bromidi ..... aa gr.xv
Chloralis ..... gr.x
Tinct. zingiberis ..... mx
Tinct capsici ..... mv
Spts. ammon. aromat ..... dr.i
Aquæ ..... dr.ii

Vanderbilt Clinic.

NEURALGIA.

℞ Tinct. aconite.....
Tinct. colchici seminis.....
Tinct. cimicifugæ.....
Tinct belladonnæ.....aa dr.i
Sig.—Six drops every hour until relieved.—*Metcalf.*

FIRST STAGES OF CIRRHOSIS.

℞ Ammon. iodid.....dr.i
Liq. potass arsenit.....dr.½
Tinct. colombæ.....oz.½
Aquæ.....oz.i½
Sig.—A teaspoonful three times a day before meals.—*Bartholow.*

Book Reviews.

INTERNATIONAL CLINICS.—A Quarterly of Illustrated *Clinical Lectures*, and especially prepared articles by leading members of the medical profession throughout the world. Vol. IV., twelfth series, 1903. Published by J. B. Lippincott Company, Philadelphia; Canadian representative, Charles Roberts, Montreal.

What we have already stated as to the continued excellence of the CLINICS can only be reiterated from a review of the volume before us. "The Sanatory Tent and its Use in the Treatment of Pulmonary Tuberculosis," by C. J. Gardiner, of Colorado Springs, gives a concise idea, with good illustrations, of Dr. Gardiner's tent and its benefit in the treatment of phthisis. Dr. Heinrich Stern, of New York, deals with "The Treatment of Chronic Gastric Catarrh" in clear language, giving the different forms and thoroughly explaining his treatment of such cases. Other valuable articles are the "Treatment of Aneurisms by Gelatin in Hypodermic Injections," by E. Lanceraux, M. D., of Paris; "Abdominal Diagnosis," by E. S. Bishop, F.R.C.S., of Manchester; "The Surgical Treatment of Hæmatemesis from Gastric Ulcer," by B. G. A. Moynihan, M. S., F. R. C. S., of Leeds.

There are two concise Biographical Sketches, by Guy Hinsdale, A. M., M. D.,—one of Horatio C Wood, M. D., LL. D., the eminent physician and author, and the other of William W. Keen, M. D., LL. D., the well-known surgeon, with excellent portraits.

"The blood in Health and in Disease, with a Review on the Recent Important Work on this Subject," comprises nearly 100 pages and is written by Thomas R. Brown, M. D., of Johns Hopkins Medical School. This monograph is an able contribution and worthy the consideration of thoughtful physicians.

Book on the Physician Himself and Things That Concern His Reputation and Success. By D. W. Cathell, M. D.. The Twentieth Century edition, being the eleventh edition revised and enlarged by the author and his son, William T. Cathell, A. M., M. D. Pages 412, Royal octave, extra cloth, $2 00 net, delivered. Philadelphia, F. A. Davis Company, Publishers, 1914 16 Cherry Street.

The latest edition of this well-known book has been carefully rewritten and much new material added by the author, Dr. D. W. Cathell, with the co-operation of his son, Dr. W. T. Cathell. To distinguish it from former editions it has been named The Twentieth Century Edition. This work has gained a wide spread reputation for its sound teachings and practical advice to the medical profession, and naturally the latest production will prove even more profitable to those who follow its precepts. We know of no better guide to the practitioner and it would be expedient for every medical school to see that on convocation day each graduate is fortified with a copy.

Obesity ; the Indications for Reduction Cures.
Nephritis ; the Treatment of the Various Forms of Bright's Disease.
Colitis ; the Treatment of Colica Mucosa.

These are the first three of a series of monographs on Diseases of Metabolism and Nutrition by Prof. Carl Von Noorden, from the press of E B. Treat & Co., New York. They have been very well translated from the German by Dr. A. C. Crofton, under the editorship of Dr. Boardman Reed. The first and third volumes are published at 50 cents each ; the second at $1.00.

These monographs are intended to give expression to the teachings of Von Noorden and some of his associates at the City Hospital of Frankfort-on-Main. That on Obesity deals with the subject in all its phases, in health as well as in various morbid states. The subject is dealt with in a general way, and no specific directions are laid down for the treatment of a "supposititious case," as the author finds that many shew a tendency to follow such directions too implicitly and do not give sufficient consideration to the requirements of each individual case.

The article on Nephritis is full and exhaustive, dealing with the customary therapy of kidney diseases, the principle of saving the kidneys in renal diseases, the fact of metabolism as a basis for the dietary regulations to be adopted in the protective therapy of kidney disease, and the principles underlying the dietetic and physical treatment of acute nephritis and of contracted kidney.

The volume on Colitis sets forth the author's reasons for regarding what is commonly termed membranous catarrh of intestines as a non-inflammatory condition for which he prefers the name "Colica Mucosa." He considers that the disorder is due to an excessive irritability and over-activity of the mucus producing glands of the large intestine, and that it is not found except in association with chronic constipation. The glandular over activity is due to certain nervous conditions. Based upon the conception of the

pathology of the disease he has formulated a treatment which is largely dietetic, and which has proved signally successful.

These small volumes are well written, and, inasmuch as they express the natural views of a thoroughly competent authority, are of unquestioned value.

THE MATTISON METHOD IN MORPHINISM.—By J. B. Mattison, M. D., Medical Director Brooklyn Home for Narcotic Inebriates. Price $1.00. Published for the author by E. B. Treat & Co., New York.

This little monograph is devoted entirely to the discussion of the author's ideas of the treatment of the morphine disease. It takes up the various conditions which are apt to arise in the course of medication and which call for modification of the treatment. In many respects its teachings are at variance with those of other writers—yet inasmuch as it represents the conclusions of a careful observer who has for upwards of thirty years been devoting himself to the care of narcotic habitues it must be accepted as authoritative.

New Books.

The following new publications have been issued by W. B. Saunders & Co., Philadelphia:

"A Text Book of Legal Medicine and Toxicology," edited by Frederick Peterson, M. D., Chief of Clinic, Nervous department of the College of Physicians and Surgeons, New York, and Walter S. Hines, M. D., Professor of Chemistry, Pharmacy and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Per volume cloth, $5.00 net; sheep or half morocco, $6.00 net. Vol I. just issued.

PRACTICAL POINTS IN NURSING. For Nurses in Private Practice. With an appendix containing rules for Feeding the Sick, Receipts for Invalid food and beverages, weights and measures; dose list and full glossary of medical terms and nursing treatment, by Emily A. M. Stoney, late Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass. Third edition, thoroughly revised. 12 mo. of 458 pages, fully illustrated, including 8 colored and half toned plates. Cloth, $1.75 net.

THE CARE OF THE BABY. A manual for mothers and nurses containing practica directions for the management of infancy and childhood in health and disease, by J. P. Crozier Griffith, M. D., Clinical Professor of Diseases of Children in the University of Pennsylvania, Physician to the Childrens' Hospital, to the Methodist Episcopal Hospital and to St. Agnes' Hospital, Philadelphia. Third edition thoroughly revised. 12 mo. of 436 pages. Illustrated. Cloth, $1.50 net.

CHAPMAN'S MEDICAL JURISPRUDENCE AND TOXICOLOGY. Medical Jurisdiction and Toxicology, by Henry C. Chapman, M. D., Professor of Institute of Medicine and Medical Jurisprudance, in the Jefferson Medical College of Philadelphia. Third edition revised, 329 pages with illustrations. Cloth, $1.75 net.

TUBERCULOSIS. By Norman Bridge, M. D., of Los Angeles, Emeritus Professor of Medicine Rush Medical College, in affiliation with University of Chicago. 302 pages. Illustrated. Cloth, $1.50 net.

Notes.

SANMETTO IN CHRONIC CYSTITIS, CHRONIC URETHRITIS AND PRE-SENILE IMPOTENCE. —To whom it may concern: This is to certify that I have used Sanmetto extensively in my practice and can recommend it in chronic cystitis and chronic urethritis. I have used it in pre-senile impotence with remarkable and brilliant results. I regard the remedy, after making crucial clinical tests in the above named diseases, as the *sine qua non* of all the remedies in these diseases.

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MENSTRUAL DISORDERS.—In disturbances of the menstrual functions Hayden's Viburnum Compound has gained the reputation of a standard remedy. In those forms of menstrual disorders in which there is no organic disease but a functional disturbance, its continued administration in connection with appropriate hygienic regulations, has often been sufficient to produce a cure.

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URIC ACID AND ITS ELIMINATION.—Editorially (*The Medical Brief, February, 1900*) this vital subject is ably considered. Investigation strengthens the belief that eating too much meat is responsible for the formation of uric acid in disease-producing quantities. To dispose of meat satisfactorily gastric digestion must be active, the constitution well supplied with fluids and the organs more or less actively engaged in growth and development. These conditions cease to exist when adult life is reached and the requirements of the constitution are chiefly for food to supply energy, heat and vital stimulus. At this period in life a small amount of meat or other albuminous food will suffice, especially in torpid systems or persons of sedentary habits. The symptoms caused by an excess of uric acid depend upon the degree of saturation and whether these morbid products are circulating in the blood or are precipitated in the tissues or joints. The susceptibility of the various organs and the constitution of the individual also help to determine the symptoms; one person may have asthma, another an irritable bladder, and another sick headache or rheumatism. In the treatment diet is highly important. Meat once a day is often enough. Fresh fruit, especially apples, should be eaten in abundance. Tomatoes are excellent, so is asparagus. Baked bananas and well-done rice are excellent substitutes for meat. Pure honey is always allowable. In uncomplicated cases lithiated hydrangea will be the only remedy needed in addition to dietetic reform and plenty of water.

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Maritime Medical News

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XV. HALIFAX, NOVA SCOTIA, APRIL, 1903. No. 4.

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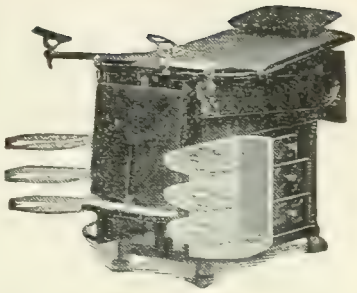

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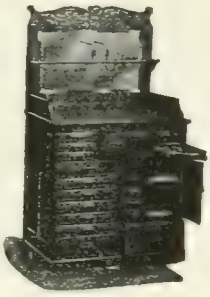

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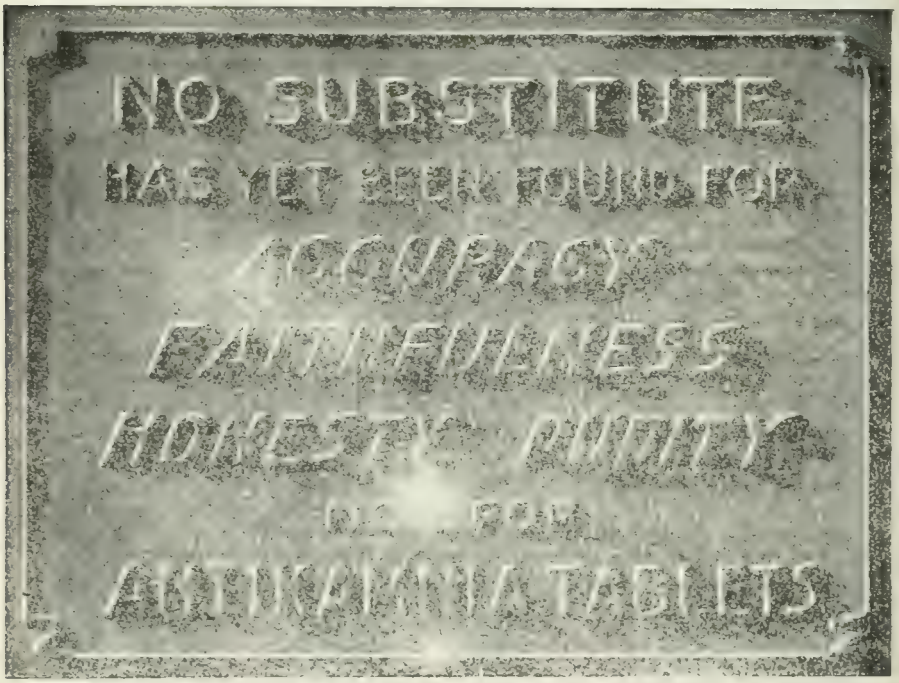

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VOL. XV. HALIFAX, N. S., APRIL, 1903. No. 4.

Original Communications.

SOME SURGICAL AFFECTIONS IN CHILDREN.

(Concluded from last issue.)

APPENDICITIS WITH RUPTURE INTO URINARY BLADDER.

By N. S. FRASER, M. B., M. R. C. S., St. John's, Newfoundland.

B. S., aged 8 years, taken ill Sunday, January 4th, with pain in the abdomen and vomiting. The pain continued in paroxysms until seen on Wednesday, January 7th. The bowels had not moved since Saturday. Examined on the 7th January when she complained of pain in the right iliac region. She lies on her back with her knees drawn up—the muscles of the abdomen tense. On palpation there is distinct tenderness, limited to the right iliac region, with some spasm of the rectus muscle of the same side. The colon was felt to be distended (flatulent) and from its end a hardness could be palpated running downwards and outwards, this latter very tender. There was no dulness on percussion. Liver and splenic dulness were normal in extent and the respirations were normal in character and rapidity. Urine also normal. The temperature 100.8° and pulse 122.

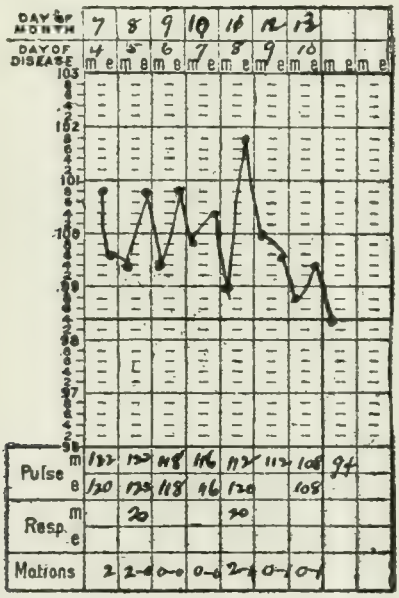
The diagnosis made was appendicitis, and this diagnosis was founded on the temperature, quick pulse, character and situation of the pain, together with the sudden onset of the attack and the ac-

companying constipation. The physical examination confirmed the diagnosis.

The other probabilities were (1) acute indigestion. This was excluded by absence of a history of error in diet, by the location of pain in right iliac region and absence of tenderness in epigastrium, and by the physical signs on palpation. (2) Obstipation, which I considered contraindicated by the temperature. As a further diagnostic and as a preliminary in the treatment, magnesium sulphate was ordered in half drachm doses every half hour, and when six drachms had been taken the bowels were freely moved. This relieved the pain somewhat, but did not relieve the other symptoms. Each evening the temperature went up to 100.8° and each morning fell to 99.2°, while the pulse remained steady at about 122 per minute.

TEMPERATURE CHART OF B. S.

JANUARY, 1903.



It was evident that pus had formed and that the case was a surgical one, requiring surgical treatment, and the regret was that one had not seen it at the commencement to interfere before pus had formed. Accordingly preparations for operation were started,

but on seeing her the same day—January 9th, the sixth day of illness—I noticed her legs extended again. She said the pain had left her suddenly, but she now complained of a different pain—the pain of a full bladder and inability to empty it. Her pulse also had fallen to 118 and gained in volume. As the bladder was distended nearly to the umbilicus, I passed a catheter and drew off about ten ounces of turbid urine, followed by a little over an ounce of pus. After this she was quite comfortable. The catheter was required again, twice the next day. In the morning some pus, but in the evening a clear amber colored urine without deposit; the flatus also escaped freely. The further convalescence was uninterrupted and satisfactory.

That the pus which escaped from the bladder was the cause of all the trouble there can be no doubt. The only questionable point is, where did it come from? From an appendicitis which became adherent to, and ruptured into the bladder; or from the kidney itself? The latter seems improbable as there was never any pain or tenderness in the back, nor anything to point to the urinary system until the pus found its way into the bladder. Moreover the physical signs all pointed to the trouble being situated in the iliac region—not the lumbar.

The happy termination of the case is a matter for congratulation, occurring as it did so close on the time arranged for operation—which would have been a much more serious affair.

TUBERCULAR PERITONITIS.

S. S., aged 5½ years, female. Complaining since the middle of March, 1901. One day well and out playing, but next wanting to be nursed, and saying that she had a pain in her stomach. Some slight cough. For a few days at beginning of April was spitting phlegm, mixed with blood, but seemed to get it down from behind the nose. Perspires each night. No appetite. No diarrhœa, bowels moving naturally once a day—of normal colour and consistence.

Family History.—The second child of a family of four, all girls. The others healthy, save one, who died an infant of tubercular meningitis. One grandfather and an uncle died of tubercular disease. Mother and an aunt delicate, although no definite disease at present.

Alimentary System.—Front incisors (upper) completely decayed. Tongue clean. No vomiting, but small appetite. Complains of

tenderness about the abdomen. Latter not distended. No ascites, nor tympanites. Liver not below the costal margin, nor is the spleen. No masses or tumour to be palpated. Dulness and tympanites vary in position from day to day.

Genito-Urinary System.—No vaginal discharge. Urine 1010, acid. No albumin. A clear amber color. No deposit.

Hæmopoietic System.—No glandular enlargement anywhere.

Circulatory System.—Heart normal. No murmur. Pulse rapid, 120, but of fair volume. No intermittence.

Respiratory System.—Breath sounds normal. No accompaniments. No dulness on percusson over the chest. Respirations quick, 36 per minute, but regular. A small amount of sputum collected with care examined. No tubercle bacilli.

Nervous System.—Sleeps badly at night and perspires, but does not cry out or scream. Sleeps sometimes in the day. No *tache cerebrale.* Pupils equal, moderately contracted, responsive to light. Fontanelles closed. Head small, normal shape. Not fretful or peevish. Disposition not altered from what she was formerly. No headaches.

From the foregoing it will be seen that the main symptom is a varying fever, and with this there has been the accompanying malaise and loss of appetite. Some pain, more or less constantly in the region of the umbilicus, and the symptoms have continued for about forty days.

In considering the *diagnosis* of this case I came to the conclusiou that it was a tubercular affection for the following reasons: 1. The family predisposition. 2. Irregularity but persistence of fever, particularly the evening rise of temperature. 3. Absence of any focus of suppuration or signs of typhoid. 4. Loss of flesh.

The question then arose, where is the tubercle? And there were two situations in which it might be:

1. Meninges.
2. Peritoneum.

The lungs were excluded by absence of physical signs and of tubercle bacilli in sputum.

Meningitis was excluded by the length of time before definite symptoms showed themselves—now five weeks. Holt (Diseases of Children) states that out of 65 cases of tubercular meningitis, only 2 lived five weeks from the beginning of definite symptoms; and he limits the first stage to three weeks at the longest. But her sister

had died of tubercular meningitis, and had commenced very much in the same way. There was, moreover, no vomiting, stiffness of the neck, screaming at night, alteration of pupils, *tache cerebrale* or other symptoms pointing to the brain.

Peritonitis was very probable from:

1st. Fever of an irregular type, but generally higher in the evening.

2nd. Pain in the abdomen—generally near the umbilicus.

3rd. Tenderness about the abdomen.

4th. A tendency to diarrhœa.

Holt gives five forms of tuberculous peritonitis:

1. *Miliary tubercle of peritoneum accompanying general tuberculosis.*

2. *Miliary tuberculosis of peritoneum with ascites* running a subacute course of 4 to 8 weeks. The abdominal distension is, of course, a marked feature in addition to the other symptoms.

3. *The fibrous form*, where the products of inflammation have undergone transformation into fibrous tissue. Here the essential feature is extensive organized adhesions between the intestinal coils and between intestines and abdominal walls. Ascites may be present but frequently absent. They are very slow—the most chronic of all the forms, and are of irregular course. The distension of the abdomen in these cases is generally due to tympanites more than ascites, although the latter may be present. Holt remarks of this form of peritonitis that sometimes it is entirely latent and only discovered by post mortem examination.

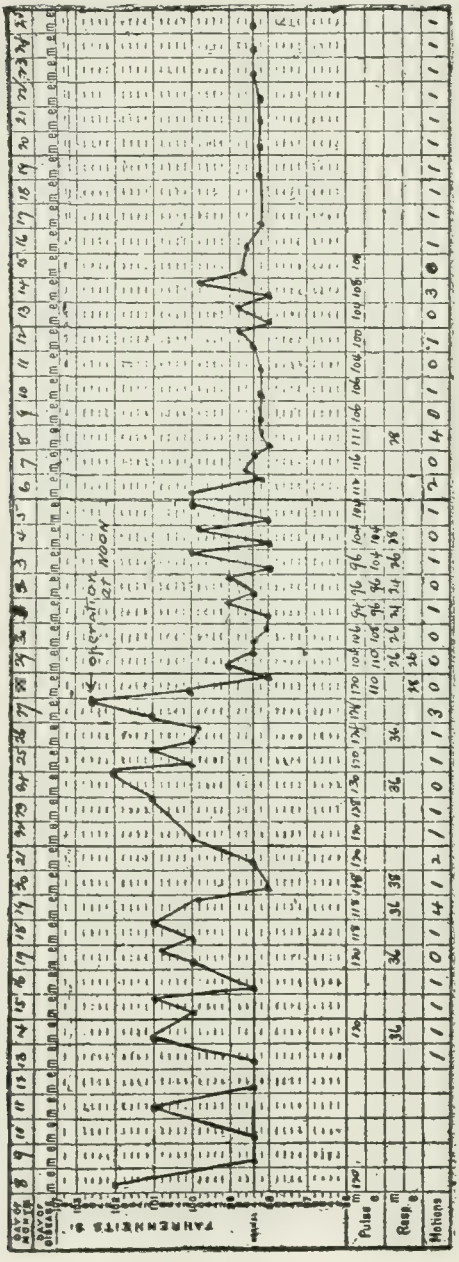
4. *The ulcerative form* in which are found large tuberculous deposits which go on to caseation and softening. The constitutional disturbance is much greater in these cases—general prostration, emaciation, sweating and diarrhœa. The abdomen is not so much distended, but there are areas of dullness and tympanitic resonance irregularly distributed. Also nodular masses or even tumour.

5. *Peritonitis with tuberculosis of the mesenteric lymph nodes.* In these cases there may be no symptoms save those due to pressure on the great vessels, e. g. œdema.

Of these different forms this case would probably be an early stage of No. 2 or No. 4.

TEMPERATURE CHART OF B. S.

APRIL, 1902. MAY, 1902.



Operation. Explaining the difficulties of the diagnosis to the parents I obtained their permission to operate, and accordingly, on April 29th, 1901, opened the abdomen by a median incision. Small tubercles were found scattered over the intestines, and a few larger ones could be felt over the pelvic contents. In no instance had they gone on to ulceration and there was not any ascites. Passing in a gauze sponge it came out quite dry. The abdomen was closed in layers, using fine catgut for the peritoneum, chromicized gut for the fascia and fine gut for the skin.

Progress.—The after progress was very satisfactory. Pain never returned, and the temperature and pulse immediately began to fall. The temperature reached the normal by the ninth day, and although on two occasions afterwards it shot up, it came down immediately on receiving a purge. A noteworthy effect was the fall in frequency of the respirations—from 38 before operation to 26 afterwards.

She was kept in bed for three weeks, and allowed out by the end of the fourth week. Although a year has now passed she continues well, and plump, and rosy, nor has she required any medical attendance since the operation.

The condition found at the operation quite explained the difficulty of diagnosis. There was no ascites, no matting together of intestines, and nothing to give particular physical signs. The teaching of the present day seems to be that those cases of tuberculosis that we may expect to benefit by operation, are those in which fluid is present; and, indeed, Dr. R. B. Hall, of Cincinnati, gives the absence of fluid as a contraindication to operation (*Am. Jour. Obs.*, Nov., 1902). That the little patient has benefited there can be no doubt, but whether the improvement will be permanent or not, it is as yet too soon to say.

PRESIDENTAL ADDRESS.*

SOME OBJECTS OF THIS ORGANIZATION.

By H. A. March, M. D., Bridgewater, N. S.

Gentlemen,—When I recall to mind in the pregnant history of our profession such men as Hunter, the great anatomist; Ambrose Paré, the eminent French surgeon; Sir Charles Bell, with his discoveries relating to the nervous system; Jenner, the promulgator of vaccination, and a host of others, and recognize that, great and learned as were these medical pioneers, I am to-day to address a body of men any one of whom has stored within his mind more real, practical medical knowledge than any one of these pre-eminent men—yes, more than the whole of them combined, it is not at all surprising that I should feel and appreciate the great honor you have conferred upon me in placing me in this the highest office in the gift of your Society.

When I sat down to prepare this paper a number of themes presented themselves, amongst which the one chosen appealed to me as at least being opportune. You have all thought over this matter carefully, and therefore anything I may say must necessarily be in the nature of review. But our objects are worthy and will bear recapitulation, and sometimes, though there is no ground for suspicion that it will be so with us, organized bodies do lose sight of the real objects of their existence. This paper makes no attempt at being exhaustive,—in fact it will only deal with a very few of the many important objects for which we are banded together.

One great advantage on this occasion is mine, that of never having been preceded in this capacity; there have been no other presidential addresses delivered before you with which the present may be contrasted to its detriment, and by the time the next greets your ears this will have been forgotten. Not that I would willingly take up your time with something intended to be forgotten, but that you have chosen not wisely and brought this affliction or infliction upon yourselves. I only wish, gentlemen, that it were in my power to say something to you to-day that would remain with you to your benefit

* Delivered before the Lunenburg-Queens Medical Society, Jan. 1903.

for the remainder of your days. Would that I to-day were gifted with the eloquence of a David or a Demosthenes, a Henry or a Howe, that, although from what is said you learn no new thing, my words might impress you with the sentiments and emotions of my heart as I look out upon this enterprise with all its potentialities and possibilities for improvement to us as men and medical practitioners—as well as to the community within the radius of its influence.

Gentlemen, as most of you know, we are assembled to-day as an organization, chiefly through the energy and endeavour of our two good friends, Dr. McDonald, of Lunenburg, and Dr. Macdonald, of Rose Bay. And the magnitude of our indebtedness as medical men, and of the indebtedness of the county or counties within the sphere of this Society's influence never will be estimated till the great day of all accounting. For, gentlemen, if this society be utilized, if we as members of the medical profession appropriate to ourselves all the good that is within our handgrasp as an organization, there may go out from this Society influences that shall entirely revolutionize existing baneful conditions, open the eyes of the people to the true relation between them and their physicians and bring about an era of mutual respect now non-existent.

Just here I would like to congratulate the society on having so many enthusiastic young men full of the progressive spirit of the age.

> "If the wild filly Progress thou wouldst ride,
> Have young companions ever at thy side."

But we want the counsel and experience of the oldest members of the professon as well. To continue the above quotation:

> "But wouldst thou stride the staunch old mare Success,
> Go with thine elders though they please thee less."

In fact it is to be hoped that every medical man in this county will consider this Society to be his particular enterprise and do everything in his power to make it as efficient as his energy, thoughtfulness, —yes, and even his sacrifice can make it, for it may be often at some immediate personal sacrifice we are able to attend these meetings. In the long run, however, rest assured that whatever small sacrifices we undergo to make our presence possible will be amply atoned for.

We, as medical men, need some rest, and rest is change, and from the hard routine of practice attendance upon these meetings will be a helpful change.

"Run if you like, but try to keep your breath,
Work like a man, but don't be worked to death."

To organizations such as these, gentlemen, we owe our present eminent status as physicians—and I use the word eminent advisedly when remembering that but a few decades ago medical men and surgeons had to supplement their scanty earnings by hairdressing and other employments of a similar character; in fact not until the year 1858 were physicians in England able to collect fees by law, but depended upon honoraria as remuneration for services rendered. The Nova Scotia Medical Act, the Provincial Health Act, in fact all legislation which we have for the protection of the medical practitioner of to-day, and of the Public Health, is due to organized effort largely in the shape of medical organizations such as ours. The Dominion Registration Act,—I think it is called—with which Dr. Roddick has been so intimately associated, and which has laid the profession under a life-long debt of gratitude to him, is the legitimate offspring of medical organization.

The causes which bring about organized effort in commercial, religious and national life are known to all, and for similar reasons organized medical effort is necessary. We have great and pressing problems to deal with, which can only be successfully undertaken in the organized capacity. A vast deal has already been accomplished as before suggested; the true relation of the medical practitioner to society at large is gradually being made manifest both to himself and to society. But the ideal has not yet even been approximated. The ignorance of our best educated people in regard to matters medical is simply astounding. There is an air of superstition and mystery still enveloping disease and the treatment of it. This is continually fostered by the unscrupulous charlatan and patent medicine vender through advertisement and fraudulent testimonial, spread broadcast by the secular and religious press. That such a condition of affairs is permitted to exist is a matter of surprise to educated physicians. Here we, as an organized body, recognizing the *status quo*, have a great mission, and this alone is ample warrant for our existence. It is our privilege and duty to educate the people in regard to diseases, their nature and method of treatment, and to help them to see how they are being imposed upon, and having done that, unite with them in procuring the necessary legislation to prevent such frauds from being perpetrated. To this end we must avoid all appearance of

questionable methods in our own ranks. We must cultivate the most friendly and intimate relations one with the other; we must strive in every way to live up to the highest ideals of our honored profession, and with one accord unite to slay this hydra-headed monster that is gorging itself upon the populace, and thus depriving us of our just inheritance. You can scarcely pick up a newspaper without seeing something like this:—"Having tried all the doctors." It is not necessary to go further—you all know it, have seen it in all its artful and seductive forms. It is a deliberate lie from first to last, and in ninety-nine cases out of an hundred the party whose name is subscribed never authorized it at all. I saw some such advertisement within the last year signed by a lady whom I was treating for the very disease the testimonial professed her to be cured of. This is deliberate fraud, and ought to be legislated against. Again, how many people are rendered miserable by reading advertisements describing diabetes, Bright's disease, etc., etc., by symptoms common to these diseases perhaps, but symptoms that one might have without being seriously diseased at all. Not only are they rendered miserable, but defrauded of their hard-earned money, and by brooding over their imaginary ailments, eventually made unfit for work, and even in some cases terminate their existence in an insane hospital. Yes, gentlemen, here is a sphere in which we may labor with benefit to ourselves and untold advantage to our deceived fellow-men. We know the facts, they do not; it is not only our opportunity but our imperative duty to enlighten and protect them. Our legislators, unless they are medical men, do not know these things; our clergymen and lawyers, strange to say, do not recognize the situation; but we do, and it is our duty to devise ways and means for the enlightenment of others. "Do unto others as you would that they should do to you." I do not intend in this short paper to discuss methods of procedure, nor do I pretend to have any definite scheme in mind for bringing about the desired result. This is matter for our deliberation and discussion. Whatever is done must be undertaken carefully, for it is to our own interest, and we will be at once charged with looking out for our own pockets.

"Up then in Freedom's manly part,
From greybeard old to fiery youth!
And on the nation's naked heart
Scatter the living coals of Truth.

But break the chain—the yoke remove,
And smite to earth Oppression's rod
With those mild arms of Truth and Love,
Made mighty through the living God."

One of the objects, then, of this organization, is to endeavor to make more clear the relation of the medical practitioner to society, to educate the people up to the truth that physicians are benefactors distinct from, diametrically opposed to, the charlatan, patent medicine vender, and that ilk, most of whom are malefactors. The populace generally do not see the vital distinction that exists.

The policy of the quack and patent medicine vender is to keep the composition of his nostrum to himself, to protect it by letters patent and use it for purposes of self-aggrandizement. This policy is in opposition to all our traditions and practices. The discoveries and inventions of the medical practitioner are freely given to his brother practitioner for the benefit of humanity. Hence to-day we are in possession of the vast heritage of experience and investigation of a Hall, a Long, a McDowell, a Jenner and a host of other patient investigators and hard worked practitioners, amongst whom, perhaps, our own honored Lister is pre-eminent. If our organization recognizes what is within the sphere of its possibilities it will greatly aid in enlightening the minds of the populace in respect to the wide gulf separating the regularly qualified practitioner from the charlatan and vender of patent medicine.

Another legitimate sphere for this Society's activity is to protect ourselves from being made the agent of the manufacturers of drugs. This is a day of strong competition amongst manufacturers, and whilst we recognize that we are under no small obligation to the large drug houses in our land for many new and useful preparations, and for elegant combinations of the older, well tried, but as formerly prepared often nauseating and disgusting concoctions. Yet it seems to me the medical profession at large is to-day too often used as the medium by which the pocket of the druggist is made plethoric, irrespective of the advantages to ailing humanity. One thing is certain, that in the multiplicity of new preparations and combinations, the older that have stood the test of experience are sometimes entirely lost sight of. One might almost keep his drug shelves supplied with the samples thrust upon him, many of them unimproved modifications of something that he has used before under a slightly different

name or with some other flavoring. I am not making a plea against the new and useful, but I do believe that the advice of Alexander Pope in regard to the use of words ought to be applied to the use of medicines:—

> "Be not the first by whom the new are tried
> Nor yet the last to lay the old aside."

And I believe that this Society should try to discourage amongst its members the use to which the medical profession is being put by many of the manufacturers of medical supplies in our land. I am thoroughly convinced that we have been lending ourselves and sometimes, though I do not think that it is true of the medical profession of this province, selling ourselves to the manufacturer to our own financial and ethical disadvantage, and at the expense of our patients. Time will not permit me to say more on this subject.

Intimately associated with this is the labelling and marking dosage upon medicines ostensibly intended to reach the patient through the physician's prescription only. Parke, Davis & Co.'s preparations, Wyeth's preparations and many others are to-day sold over the counter at request of the patient as frequently, perhaps more frequently, than Johnson's Anodyne Liniment and Perry Davis' Pain Killer. Introduced to the knowledge of one patient by a physician's prescription, an ailing friend is acquainted of the remedy, and as all information necessary to its use is upon the bottle, purchases and uses it, depriving the doctor of a patient and a fee, and probably the medicine is entirely unsuited to the patient's needs. We, as physicians, have some rights, and the drug manufacturer should be apprised of the fact that although the physician is under obligation to him, he also is under obligation to the physician. What is the remedy for these ills? Organization is not the remedy, but through it a remedy may be effectually applied.

Another object of this organization of great importance, and upon superficial view opposed to the benefactor idea, is the establishment of a respectable code of fees. That this in the minds of many is perhaps the most important reason for the formation of our Society, I am aware. The need has been for a long time and is daily becoming more and more pressing, and I hope to be able to make plain the fact that the motives leading up to the foundation and putting into effect through this organization of a reasonable scale of fees, are right; and putting into operation of such will not be any more to the advantage

of the medical profession than it is to their patrons. It is an axiom that medical men outside of the large centres are not equipped as they should be in order to practise their profession with satisfaction to themselves and efficiency to their patients. By equipment I mean library, periodicals, instruments, and I might legitimately include, for sake of brevity, occasional periods of post graduate study at some medical center. That such is the case and that it is largely due to the fact that physicians are not sufficiently well paid is known to us, but not generally known to our patrons. The most of the latter, indeed, think we are too well paid. The underselling of professional services which has been growing more common as the years go on, like the oracle of ancient days, is capable of two opposite interpretations—the physician interprets it correctly as an evidence that in order to live one doctor finds it necessary to starve out his brother practitioner, and this is his way of doing it; the laity who do not know thinks that the man who works cheaply can afford to do it, and his brother who charges more is rapidly becoming rich at their expense. They do not know the story of cheap drugs, poor plasters, lack of study because of undertaking more than one can accomplish in order with smaller fees to make enough to keep above board. These are all tricks of the fee-cutting trade. Gentlemen, we cannot afford, our patrons cannot afford, to have us engage in this nefarious business. The number of doctors is increasing rapidly, the cost of medical education is increasing, the expense of living is increasing, our patients are not increasing, but they are demanding that we shall increase our libraries, fill our instrument cases with modern instruments, furnish our laboratories with microscopes, X-Ray machines, electrical appliances, and they have a right to expect it, to give them the benefit of the best modern scientific discovery and research. We must be our own advocates; the people can be and must be educated up to the facts. We should be increasing—in the not distant future we must increase—our fees. This, however, is not what we are attempting now. We are by this code of fees simply holding our own—not even doing that. When in the fall of 1886 I began to practise medicine in the town of Bridgewater, fees were higher than they are today. But as new men have kept coming in there has been a reduction made here by one and there by another. Thank God I have in the main kept my inheritance inviolate. No mess of pottage has yet been sufficiently savory to tempt me into disposing of my birthright. What

we need is not an exhorbitant but a uniform rate, one that will enable us to live and keep in touch with the rapid strides the profession is making. No man to-day goes into the medical profession with the expectation of becoming rich in this province, unless he have been misinformed or his intellect be weak. Is it not a shameful condition of affairs that there are parts of this province where doctors find it necessary to engage in farming and fruit raising, not as a side issue, but that they may by these means, together with their practice, earn sufficient to live? Jack of all trades and master of none is an old saying very appropriate in this connection. If there is any calling on earth requiring the whole of one's time it is that of the country doctor. Who has or can keep in his mind all the profitable medical knowledge and experience of the past? Who can find time to exploit the possibilities of the future? We must read and investigate in order to give those who trust us the best service. To minimize our services in the eyes of the people is not more despicable than to magnify them. The latter is opposed to our system of ethics in no greater degree than is the former. These are pertinent considerations. If we were seeking fees for fees' sake only, or that we might become rich, we could not be called into account for it if we exacted a reasonable fee; but when the facts are as above stated, that these fees are in the interest of our patrons, we should not expect any great opposition on their part.

If you will bear with me a few moments longer, I wish to refer to two matters upon which I would like the Society to take speedy action. As all you know, every little while, in many cases without discoverable cause, there is an outbreak of diphtheria. I have just had a number of cases under my care one of which proved fatal. It was not hard to trace the source of this outbreak at Midville Branch. Primarily it came from a case of membranous croup, so-called, if I am correctly informed. There is only one way to prevent follicular tonsillitis, streptococcus sore throat, mycosis of the pharynx and membranous croup from being the cause, through mistaken diagnosis, of these outbreaks of diphtheria, and that is to treat all cases of sore throat where there is membrane as if they were diphtheria. Whilst we are looking for the Klebs-Loeffler bacillus and mycelium leptothrix buccalis, diphtheria is being scattered broadcast. Why not isolate in all of these cases until diagnosis is assured? We do not, in this part of the province, have as severe epidemics as formerly, and if the

members of this Society would observe the above suggestion the disease would soon be as rare as small-pox. Some one says we have health officers paid to look after this work, but do we always co-operate with these health officers? I fear we do not. This is true to such an extent that the reports of health officers, incomplete and unsatisfactory at their best, are entirely useless. By taking hold of such matters with a will, we as a Society may impress the populace generally that we have their interests at heart, that our motives are not entirely selfish. Let us give these matters the attention their importance merits. Our Provincial Board of Health is in a position, with the hearty support of the medical fraternity, to do a grand work for the people. It has been doing good work, but with our best assistance it can do much better. See how the small-pox was strangulated last year. Why cannot whooping-cough, diphtheria, and all other contagious diseases be checked in the same manner? To this end let us co-operate heartily with the Provincial Board.

A word or two in regard to our present liquor legislation, and I am through. The liquor legislation, as it affects the medical practitioner, is not what it should be. The legislature has treated the medical profession decidedly unfairly, and we, as an organization, should, with other similar organizations in the province, seek at once to have the law amended. The demand for certificates is an intolerable nuisance, and we have no right to be placed in such a position with respect to them. The law is ambiguous and throws too much responsibility upon the physician. I could say a great deal more on this subject, but have already taken up too much of your time. Let me close with the suggestion that we take some immediate steps to have the present liquor law, as it affects the medical profession, amended.

POST-PARTUM HEMORRHAGE.

By C. P. Bissett, M. D., C. M., St. Peter's, C. B.

By the term post-partum hemorrhage is meant a flow of blood of greater magnitude than is usual and inseparable from the third stage of labor. Hemorrhage due to traumata of the genital passage is not "post-partum" in the correct sense of that term. It has happened that while the physician was directing his attention to the uterus to combat syncope rapidly following the third stage of labor, the patient died from hemorrhage connected with a varicose vein of the leg, ruptured by the veinous engorgement induced by the expulsive efforts of parturition. Clearly this is not a post-partum hemorrhage in its true sense. Flooding dependent upon a solution of continuity, such as a laceration of the vagina, perineum or os uteri is not to be reckoned post-partum any more than the case above cited.

By "post-partum hemorrhage" as scientifically understood is meant a preternatural and excessive flow of blood connected with the separation of the placenta from the maternal parts, and due to causes to be referred to later.

Post-partum hemorrhage is a subject of immense importance. There is perhaps no emergency in the wide domain of physic which may so tax the self-possession of the physician as this; and certainly few which may, however unjustly, bring obloquy upon him as the loss of a patient from this cause. Labor is looked upon as a process from which the woman is naturally supposed to recover, and death in the lying-in chamber, especially sudden death, is apt to be attributed to unskilfulness. The consequences of such an accident to a man commencing his professional career are apt to be specially disastrous, and even if this were the only consideration, it were well to have decided ideas at those means to be employed under such trying circumstances, when there is but little time for reflection and positively none for outside assistance. Thirty seconds of delay, or one minute's hesitation as to the course to be pursued, may allow the fatal gush to occur and close the scene forever.

Normally, the third stage of labor does not take place until the child has been expelled into the outside world. This may not obtain

if the afterbirth be situated in an unusual position, and many cases occur in which the placenta (prvæia) is first expelled, followed by the birth of the child, thus reversing the ordinary state of affairs. In the natural process the placenta remains entirely, or almost entirely, attached to the uterine wall until retraction unavoidably causes a separation through the blood spaces of the uterine tissue. Then a slight hemorrhage follows, only to be speedily checked by the normally acting uterine muscle which as effectually controls further loss as do the finger and thumb grasping the femoral or brachial artery in a surgical operation. Thus by degrees the process is completed. More and more of the placenta is separated from the uterine surface—closer and closer do the muscular fibres interlacing the blood vessels grasp them, staying hemorrhage till, with a final effort, the placenta is forced into the external world by identically the same process whereby the child was before expelled. The process thus carried out results in an ideal delivery, accompanied by a minimum amount of hemorrhage. Firm contraction is maintained and practically all bleeding ceases.

When from causes to be enumerated later, contraction is not secured and maintained, very different is the aspect of affairs. After the expulsion of the child the uterus slowly or suddenly relaxes itself—in fact seems as though exhausted by the task just completed and becomes sluggish. A few contractions may occur, sufficient indeed to detach the placenta partially, but inadequate to compress the open blood vessels and thus control hemorrhage. During this time there may be no external evidences of mischief, the blood being aspirated, as it were, into the uterine cavity, but the blanched face and rapid pulse are significant, and an examination of the abdomen confirms the diagnosis. Suddenly a sharp contraction comes on and a tremendous gush of blood follows, flooding the bed and perhaps overflowing to the floor beneath. A sighing, gasping respiration, with failure of sight and rapid feeble action of the heart follows. The general weakness is productive of still greater uterine relaxation, and unless active measures be adopted, death will speedily follow. Even should this be averted the chances of septic infection will be increased by the exsanguine state of the system, and at best, days, weeks, and it might be months of ill-health follow.

The causes of this accident are various, some acting proximately, others sometimes antecedent. Some women are prone to it because

of a halting state of the uterus following the second stage of labor. This may and does occur in cases irrespective of any obvious cause, and such women are spoken of as "flooders." A generally relaxed state of the system predisposes to it. A prolonged labor from any cause, unduly exhausting the patient and terminated by forceps or otherwise artificially in the absence of regularly recurring pains, is also a frequent cause of this state.

The use of anæsthetics in some cases promotes the occurrence of post-partum hemorrhage for various reasons. This is especially true of chloroform. The retention of a portion of the placenta or membranes is also supposed to cause hemorrhage by preventing complete closure of the uterine sinuses.

Any affection of the afferent or efferent nerves or of the centre for contraction in the spinal cord whereby the reflex irritability of the uterine muscle is impaired tends to hemorrhage. Broadly it may be stated that deficient contraction is the proximate cause, and as will be noted in speaking of treatment, this fact gives the key to the measures likely to be productive of good results in any given case.

Treatment.—When speaking of the causes of this accident, reference was made to a generally relaxed state of the system. Many pathological conditions contribute to this end. Defective nutrition, anæmia, and in fact anything which lowers the general tone of the system may stand in a causative relation. In a city or town practice, where it is usual for the physician to see the patient for some time before labor actually comes on, much may be done to place the woman in a better position as regards this special danger. Generous diet, moderate exercise, and, if required, suitable tonics such as may be indicated in the particular case will aid materially in guarding against the evil, at least to some extent.

Whensoever, in the course of labor, the pains become progressively weaker with a rising pulse and dryness of the parts, the proper course is to deliver by forceps or otherwise, and that before uterine contractions have become weakened to such a degree as to prevent them being efficient in staying undue loss of blood in the succeeding stages of labor.

Every precaution should be taken to ensure firm contractions during the expulsive stage, and generally speaking the accoucheur ought not to yield to the temptation to forcibly drag the child into the world after the head or even the shoulders have passed the external genitals.

Such a procedure, by *suddenly* removing the object destined to be expelled by uterine action, removes the chief stimulus to good contraction, to say nothing of the evil results likely to follow an almost certain suction of air into the uterine cavity.

With respect to the use of anæsthetics in obstetric practice, it is advisable that, except in special cases, anæsthesia should not be pushed to the full surgical extent, because of the muscular relaxation certain to follow saturation by the agent employed. This remark applies, but with less force, to opiates and other drugs used to obtund pain in the second stage.

The observations hitherto made respecting the treatment relate chiefly to prevention, but it is particularly the treatment of this condition in its immediate presence with which we are concerned, and which in conclusion I desire to dwell upon. All means required to combat such an accident should be at hand, and it is a safe rule to deal with every lying-in case as if hemorrhage were expected to occur. If the hemorrhage be in progress the fundus will be found to be relaxed. It should be seized between the outspread fingers firmly compressed and kneaded. The placenta, if still retained, should be removed at once by introducing the hand into the uterus. The uterine wall should then be compressed between the hand within and that without. If contraction be not excited, which will be but rarely, recourse should be had at once to the injection of a large quantity of water charged with efficient antiseptic, and as hot as can be borne by the hand. The effect, in most cases, is magical. Firm contraction is induced and maintained by a hypodermic injection of ergotin, which should have been first used, and which meantime will have begun to manifest its characteristic effect. If these means fail there still remains in reserve compression of the abdominal aorta, and finally the injection, or application otherwise, to the uterine wall of a solution of the perchloride of iron. This last procedure is replete with danger present and future. A portion of the fluid may find its way into the peritoneal cavity, setting up a peritonitis, and clots formed may escape into the general circulation causing sudden death. Later, they may decompose and result in septic infection. Finally, it may fail in its primary object, the hemorrhage continuing.

It was to still further pursue the objects sought to be obtained, that the writer was led to make a suggestion, which, thus far, he has been unable to carry into effect. The idea embraces several of the

best recognized principles of treatment, at least theoretically. Nevertheless, many objections may be offered, some of which are even now anticipated. The idea is that a rubber bag capable of being distended to almost the size of the ovum at full term be introduced into the uterine cavity and rapidly filled, by means of a syringe and stopcock attachment, with hot water. The advantages to be gained would be the presence of a foreign body eminently fitted to excite uterine action with pressure regularly applied and capable of being slowly relaxed to accommodate the uterine contraction. Finally, in desperate cases, by means of an accessory tube, the surface of the distended bag might be flushed with a solution of iron.

The foregoing embrace most of the measures capable of execution in any given case, and if promptly applied reaction will be established in apparently hopeless cases.

Supposing actual hemorrhage to be stayed, death may still follow from anæmia of the great nervous centres. Much may be done to overcome this by depressing the head and raising the feet, so that gravitation will be brought into play. A valuable resource is autotransfusion effected by systematically bandaging the extremities. A copious enema of warm saline solution or the injection of the same into the peritoneal cavity, as has actually been done, would probably be of assistance. Transfusion of blood, both mediate and immediate, has been advocated, but is a means, for many reasons, not readily available.

Note.—The foregoing, written in 1895 and heretofore unpublished, was recalled to mind on seeing a paper entitled, "The Easement of Labour by the Use of Heat and the Hot Water Retained Injection," by Wm. A. Galloway, M. D., *Homeopathic Journal of Obstetrics*, May, 1902, in the course of which special stress is laid on the value of hot water as a hæmostatic employed in the manner suggested by the writer in 1895. The apparatus is figured and described by the B. F. Goodrich Company, of Akron, Ohio.

Correspondence.

LEPER HOSPITAL.

KINGSTON, JAMAICA, B. W. I., Feb. 28th, 1903.

TO THE EDITOR MARITIME MEDICAL NEWS:

DEAR DR.—I had the melancholy satisfaction of visiting this institution at St. Jago de la Vega—in ordinary parlance *Spanish Town*, the old capital of the island.

This old city, founded by Columbus, is hoary with age and very quiet since the government offices were removed to Kingston, and there are no manufactories except a works for making extract of logwood, which wood is very abundant in this vicinity. Around the old city there is a good deal going on that does not attract special notice, for there is a well developed canal and irrigation system which makes the dry Liguanea plain a forest of bananas and cocoa-nuts.

The banana has filled the place once occupied by the sugar-cane, and is in fact the chief wealth of the island at present, assisted by oranges, ginger, pimento, coffee, cocoa bean, logwood, fustic, lignum vitæ and quassia, or as it is called here *bitter-wood.*

Spanish Town has a good water supply, is a clean and well kept little town, seven miles from the sea at Port Henderson opposite Port Royal, and twelve miles from Kingston and is a railway junction. It prides itself on its past greatness, its Rodney statue, Parliament buildings and old cathedral, all of which are of more than passing interest. But to the medical man the *Leper Hospital* or *Home* (as it is called officially) is of special moment.

This institution is particularly well managed, if we consider its straitened financial condition, and the afflicted are made as comfortable as their disease and life long imprisonment will permit. It is particularly sad because with their bodily infliction, their mental condition is not impaired. I send you a report from which you can cull a lot of items which I will try to supplement.

Dr. Niesh (of Kingston, Ontario) is the physician in charge and devotes all his time to the 120 patients under his care. There are more men than women and but few whites, the negro, the coolie and the Chinese make up the bulk, chiefly negroes and half caste. The

average residence in the hospital is about fourteen years, but I saw one woman who has been 50 years there and many 30 to 40 years.

There are two types of the disease—the *tubercular* and the *anesthetic*, often associated in the same individual. Mutilation of the limbs is the most common symptom of the anesthetic type and ulceration of the tubercular type. The doctor tells me the ulcerations heal under hospital care and do not break out again very often; now and then there is gangrene and sloughing but it is rare.

The most prominent symptom, the mutilation, is of great pathological interest. At first sight one would think that to see arms minus the fingers and hands, they had dropped off as if by sloughing or gangrene, but the reverse is the fact. With the anesthesia often extending up the arm there is a gradual arrest of nutrition and with this is a gradual absorption of the bones and tissues. First the fingers shorten and appear to recede into the hand, and in time the hand may disappear to the wrist; fingers as well as wrists look not unlike stumps after operation. If, however, you examine closely the end of the stump you will see one or more of the finger nails projecting from the stump, be it great or small, showing that they had gradually receded from their original position and followed the slowly retreating member. The remnants of finger and toe nails look like little black warts or tubercles but examination shows their horny texture. Unlike other tissue their independence of the ordinary nutritive processes permits their continuance, being still attached to the epidermis. The disappearance of the nose is generally the result of tubercular ulceration. The tubercles appear to be most common on the face (lips, nose, cheeks,) and the ears.

A very strange phenomenon is that only the parts of the body exposed to light are affected by leprosy, the hair and clothing protecting the parts underneath. Dr. Neish is very desirous of trying the effect of the X-ray or *Finsen* light, but it is difficult to conjecture what the result would be seeing what the influence of light is.

Tubercle is sometimes associated with leprosy but the one does not appear to influence the other.

The bacillus lepræ is readily obtained either from the nodules, the infected parts or discharges.

Dr. Neish gave tuberculin, he considers, a fair trial, but with no result of any kind. He is trying antistreptococcic and other serums, but so far with negative results.

Arsenic (Fowler's solution) is of very general service, more so than any other, and mercury alone or combined when there is syphilitic taint (a very common condition). Donovan's solution is but rarely of service—only now and then in skin affections. Iodine is specially prejudicial and is not tolerated. Bromine does not act unkindly.

There is but little pain associated with the disease in any part of its course. Patients are never seen in the early stages and no prophylactic means can be resorted to.

Cutting operations are avoided as much as possible, but when required healing appears to take place much as usual. Dr. Neish considers it as a relatively curable disease, or in other words that under treatment it reaches a non-progressive stage, and so remains, and he discharges patients now and then who reach this stage when their friends are in a position to comply with the requirements—to be able to support them, and keep them so segregated as not to endanger others.

It is not a congenital malady, and where children have it it has been acquired; and though it is undoubtedly contagious, yet in what manner it is propagated is not known. It can not by any known means be conveyed to the lower animals, and the doctor has known no case where it has been acquired in the hospital, and he has no fear of contracting it. In this way his experience here differs a little from what obtains in other places. In other words, all we know of leprosy is very small compared with what we don't know. But though we cannot be certain of arresting the progressive destructive assimilation of tissue, yet it is very often arrested, and physical suffering can be quite alleviated.

The causes of death are very much the same as happens in the general population.

The coolie appears to be not more prone to the disease than the negro—though common with the Chinese. In the white races, the Jews more frequently fall under its influence.

Cases are apt to be hidden away by friends until it can be no longer concealed when they are sent to the hospital. Could all the cases be aggregated there the disease would die out in all probability.

A. P. Reid.

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XV. HALIFAX, N. S., APRIL, 1903. No. 4.

Editorial.

COAL GAS vs. WATER GAS.

Not long ago a writer in *The Philadelphia Medical Journal*, after discussing illuminating gas and its dangers concluded somewhat as follows: "Gas companies seem to have three malevolent aims: (1) to ruin our eyes by gas which does not illuminate; (2) to ruin our bank accounts by compelling us to burn great quantities of gas in the hope of lighting our rooms; (3) to impair our health by vitiation of our atmosphere. If we are rebellious they propose actual death by asphyxiation."

The experience of Halifax citizens during recent years lends support to these conclusions inasmuch as they have been obliged to consume a poor quality of gas in respect to illuminating power, the cost of which has steadily increased. Protests have not been heeded and now we are informed that water gas with its high percentage of that deadly poison carbon monoxide is to be substituted for coal gas.

As the citizens are not aware of the increased risk to health and life connected with the use of water gas as compared with coal gas, it becomes the duty of the medical profession as guardians of the public health to call attention to the danger to which they are about to be exposed, in order that they may protect themselves.

The use of water gas for domestic lighting purposes has greatly increased both in the United States and Great Britain during the

past ten years. There are many reasons for this increase. The plant required is more compact and more convenient in use than that required for the manufacture of coal gas. It can be brought into operation more quickly than the latter—a fact of some importance when the consumption of gas is suddenly increased. Furthermore owing mainly to the small amount of labour required in its preparation, it is on the whole cheaper to make than coal gas.

Water gas is a mixture mainly of equal proportions of carbon monoxide, and hydrogen, and is produced by passing steam through heated coke or anthracite. It is an odourless and non-illuminating gas. For lighting purposes it is carburetted—that is enriched by oil gas. The resulting carburetted water gas smells much like coal gas, but its odour is not so pronounced and its candle power is greater. It is either used alone or much more frequently it is employed for mixing with coal gas, a half-and-half mixture being a common combination.

The danger of carburetted water gas lies in its containing about 30 per cent. of that deadly and insidious poison—carbon monoxide; while coal gas only contains from four to seven per cent. There is abundant evidence to show that the danger is not a theoretical one. In nearly every community where carburetted water gas has taken the place of coal gas there has followed an enormous increase in the number of deaths from gas-poisoning. Mortuary statistics of Boston, New York, Brooklyn, Chicago, San Francisco and Baltimore fully confirm this statement.

The following submitted by the State Board of Health of Massachusetts in reply to certain questions presented to the board by the legislature makes the submission of further evidence superfluous.

"Question 10: Has there been an increase or decrease in the number of deaths from gas-poisoning since the introduction of water gas? A very decided increase.

Question 11: If there has been an increase or decrease what is the per cent. of increase or decrease? In the thirteen years previous to the introduction of water gas in Massachusetts (1876-1888) the number of deaths registered as due to poisoning from illuminating gas was 8. The foregoing deaths were, so far as can be learned, caused by the inhalation of illuminating coal gas. In the thirteen years following the introduction ot water gas (1889-1901) the number of deaths registered as due to illuminating gas-poisoning was 459."

In 1898 the question of placing restriction upon the manufacture and distribution of water gas came before the British Parliament, and was referred to a commission of experts. Their report contains the following striking statement by Dr. Haldane: "Roughly speaking the loss of life arising in one way or another—accident, suicide or homicide—appears to be fully a hundred times greater with water gas in America than with coal gas in this country." The commission were unanimous in recommending that no gas containing more than 12 per cent. of carbon monoxide should be permitted to be supplied to consumers.

If the Halifax Gas Company carry out their scheme of substituting water gas for coal gas, as proposed, it is the duty of citizens to see that the service, pipes and fixtures are in good condition, and that greater precautions are taken to avoid accidental leakage of gas into occupied rooms. Furthermore they should endeavour to secure some measure of control over the quality and composition of their gas supply.

DR. BAYARD HONORED.

We have great pleasure in publishing the subjoined clippings from St. John papers of March 24th, in appreciation of the services rendered to our neighboring city by our venerable and revered confrere :—

"Some months ago the City Council, in accepting the resignation of Dr. William Bayard as a commissioner of the General Public Hospital, adopted a resolution expressing regret at his retirement. The resolution referred to Dr. Bayard's work in founding the hospital and in connection with its management, and expressed the public regret at his retirement. The Council had the resolution handsomely engrossed and bound, the cover bearing in gold letters the inscription: 'Municipality of the City and County of Saint John to William Bayard, Esq., M. D., LL. D., A. D. 1903.'

On Monday afternoon it was formally presented to the venerable doctor at his home on Germain street by a delegation of Municipal Council members. Those present were Warden McMulkin and Councillors McGoldrick, Baxter, Macrae, Allan, Lewis, Lee, Dean and

Horgan, and County Secretary Vincent. After a few pleasant words from the Warden, County Secretary Vincent read the address, and Dr. Bayard replied, heartily thanking the Councillors for their gift.

Dr. Bayard entertained the visitors, and there were pleasant speeches by Dr. Bayard, Councillors McGoldrick, Allan and Macrae, and County Secretary Vincent. All spoke warmly of Dr. Bayard's work, not only for the hospital, but for the welfare of the city, and all wished him many more years of life.

The resolutions of the Municipal Council of the city and county of St. John, complimentary to Dr. William Bayard, on his retirement from the chairmanship of the Hospital Commission and from the Commission itself, were formally presented on Monday. Dr. Bayard was the projector of the hospital, and for forty years he was prominently identified with the institution. In that period of time he did a great deal of work for the public, and the work being of a nature of charity and benovelence. had to be, of course, its own reward. Dr. Bayard, in responding to the observations made to him, stated that he had special reasons for resigning, and the inference may be drawn that these reasons are in the nature of a grievance. If such exists, it is to be regretted. The general public, however, will feel that Dr. Bayard has ably and patriotically discharged important public duties in connection with this inststution, and no doubt they would be glad to feel that he retired in perfect harmony with the hospital and its management, so that in his old age he may be able to reflect with pleasure on his connection with this institution. In some of his remarks there was an observation which directed public attention to the large sums of money elsewhere given to public hospitals by private givers. In St. John little work of this kind has been done. The Frances E. Murray ward is one evidence that it is work not wholly overlooked. In the mother country hospitals have been founded by private beneficence, and special features attached to public hospitals are often private gifts. Some magnificent hospitals in the neighboring State of Massachusetts illustrate in their wards and attachments the munificence, the generosity and the love for humanity of private citizens. In our province we are much behind in this regard, and Dr. Bayard's gentle reminder of what may be done will, it can be hoped, have good results."

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—*The Medical Times and Hospital Gazette.*

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CANADIAN MEDICAL ASSOCIATION.

The thirty-sixth annual meeting of the Canadian Medical Association will be held in the city of London, Ontario, on the 25th, 26th, 27th and possibly the 28th of August, under the Presidency of Dr. Walter H. Moorhouse of that city. Dr. Matthew D. Mann of Buffalo has been asked to deliver the Address in Gynecology and Dr. Alexander Hugh Ferguson of Chicago, the Address in Surgery. Recently the President appointed Dr. R. W. Powell, Dr. T. G. Roddick, M. P., and Dr. E. P. Lachapelle, a Special Committee in regard to the establishment of a proposed Dominion Health Bureau. This Committee recently waited on Sir Wilfred Laurier, at Ottawa, with the result that the Premier has promised the proposal consideration. Dr. Moorhouse has also delegated Dr. C. F. Martin, Montreal, to the International Medical Congress at Madrid. Already arrangements are well in hand for a splendid meeting at London. Further announcements will appear in the Canadian medical press from month to month.

George Elliott,
General Secretary,
129 John Street, Toronto.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

March 4th. Meeting held at Halifax Hotel, Dr. F. W. Goodwin, Vice-President, in the chair

Dr. C. D. Murray read a paper on "The Duty of the State towards Tubercular Disease."

Dr. Hattie congratulated Dr. Murray on the high literary character of his paper, no less than upon its value from a professional standpoint. He favoured state aid in the control of tubercular disease. The sanatorium at present projected by the government of Nova Scotia would likely be built without further delay.

Dr. Trenamen felt that all present were of one mind as to the value of sanatorium treatment—its disciplinary and methodical management.

Dr. Murray wished to emphasize the necessity of teaching in the public schools the need of calisthenics, ventilation of buildings and the general building up of a healthy race.

Dr. Hare called attention to the need of more carefully watching houses in which consumptive patients had lived and afterwards occupied by families who were unaware of the previous presence of consumptives in the house.

Dr. Trenaman said whenever such cases came to the notice of the City Health Board, disenfection would be carried out. Literature had been circulated among families in which such cases were.

On account of the small attendance Dr. Murray moved that the subject come up at another meeting.

March 18th. The President, Dr. G. M. Campbell, in the chair.

Dr. Goodwin moved that a committee be appointed to draft a resolution of sympathy to be sent to Mrs. Halliday and that a copy be inscribed in the minutes.

Dr. Hattie seconded the motion which was carried The committee appointed were:—Drs. Stewart, Goodwin and Hattie.

Dr. Stewart then read some "Hospital Notes" in which he referred to the teaching in some of the larger cities of Great Britain and the

Continent. One of the attractions of Edinburgh was that the hospitals are together while in London they are scattered. He thought soon the ordinary mind would not be able to undertake all the subjects which are becoming part of medical education. He then spoke of London and its advantages as a medical centre and gave a detailed account of an afternoon's work with Watson Cheyne at King's College Hospital. Speaking of continental hospitals he referred to Hamburg and its specially good advantages offered for post-graduate work. Berne also offered great attractions to surgeons owing to the presence there of Kocher.

Drs. Goodwin and Ross spoke of post-graduate work in London and its many advantages.

Dr. Murphy referred to American Hospitals with special reference to those of New York.

Dr. Almon gave some of his impressions and experiences of hospitals in Paris.

A vote of thanks was extended to Dr. Stewart for his interesting and instructive paper.

LETTER OF CONDOLENCE TO MRS. HALLIDAY.

Dear Mrs. Halliday:

At the last meetion of the Halifax Nova Scotia of the British Medical Association it was unanimously resolved that we should communicate to you the expression of our deep sympathy in your great sorrow.

The sad bereavement which has deprived you of your life's companion has also taken from us one of our most active and useful members.

In the many interesting contributions which Dr. Halliday made to our Association, and which were almost always the result of original investigation, we felt the influence of an earnest and scientific mind, and we shall certainly miss the stimulus of his presence and help in our discussions. We consider that the work he accomplished as Director of the Government Laboratory of Hygiene has been of the greatest value. And those who knew him best feel that his early death is a loss to the profession and to the country.

Please accept for yourself and for your little son the assurance of our heartfelt sympathy.

Signed { W. H. Hattie,
John Stewart,
F. W. Goodwin.

March 1903. Committee of N. S. Branch B. M. Association

ST. JOHN MEDICAL SOCIETY.

Jan. 7th. Dr. Stewart Skinner, President, in the chair.

Dr. Murray MacLaren exhibited three cases which were undergoing X-Ray treatment. One –a case of rodent ulcer of the face of seven years duration—had healed. The other two cases—lupus and rodent ulcer—had somewhat improved.

A paper on "Diabetes Insipidus" was read by Dr. W. F. Roberts. (The paper will be published in the NEWS.)

Jan. 14. This meeting was held at the Provincial Lunatic Asylum.

Dr. Geo. A. Hetherington gave a clinical demonstration of some varieties of insanity. Cases of the following forms were shown: acute mania, chronic melancholia, chronic delusional melancholia, general progressive paralysis, terminal dementia, epileptic dementia, paranoia and chronic delusional insanity.

Later in the evening the members were well entertained by Drs. Hetherington and Travers and a very pleasant evening was enjoyed by all the members present.

Jan. 21. A case of congenital cataract was exhibited by Dr. J. R. McIntosh. The subject of the evening was a description and discussion of the cases shown at the previous meeting and was introduced by Dr. Geo. A. Hetherington.

Jan. 28. Dr. G. A. B. Addy reported a case for diagnosis in which marked vaso-motor disturbances of various parts of the body, including the tongue, were noticed. He suggested Raynaud's disease.

Pathological specimens.—The President exhibited and described numerous interesting pathological specimens.

Feb. 4. A paper entitled "The Absorption and Elimination of Drugs" was read by Dr. Clara Olding.

The importance of considering the rapidity of absorption and elimination of various drugs was pointed out and from this consideration should follow the frequency of the dosage of any particular drug.

Medicines producing an accumulative effect were mentioned, and medication by the stomach, skin and rectum was full considered.

Feb. 1. Dr. G. G. Corbett read a paper on "Hypnotism." (This paper will be published in the NEWS.) A general discussion followed the reading of the paper.

Feb. 18. A paper entitled "Chronic Ulceration of the Pharynx" was read by Dr. O. J. McCully. The various forms, tubercular, syphilitic and malignant were described and differentiated, and their appropriate treatment given.

Feb. 25. The Society adopted a resolution favoring the formation of a Department of Public Health at Ottawa, and instructed the Secretary to forward a copy of the resolution to the Minister of Agriculture.

Dr. J. B. Travers read a paper on "Epilepsy and Epileptic Insanity." The paper was based upon the observation of many cases, and will be published in the NEWS.

March 4. The subject of the evening was a paper by Dr. C. R. Shaughnessy on "The Borderland of Science." The early history of hypnotism was traced, followed by a consideration of the uses of hypnotism and its abuses.

March 18. A clinical evening was held at the G. P. Hospital.

Dr. T. D. Walker exhibited the following cases: aortic disease, mitral disease, acute nephritis, hemiplegia and exophthalmic goitre.

Dr. Murray MacLaren exhibited a case of rodent ulcer treated by X-Rays, abscess of kidney, affections of the hand (four cases), anal fistula, and syphilitic ulcer of the leg.

Dr. MacLaren also showed pathological specimens of tumor of parotid gland (adenoma), congenital inguinal hernial sac in infant, and omental femoral hernia.

March 25. Pathological specimens. Dr. G. A. B. Addy exhibited two urinary calculi which had simultaneously blocked both ureters and had caused total suppression of urine. Both calculi were subsequently passed per urethram.

Dr. MacLaren exhibited (1) scirrhus of mamma, (2) ovarian cyst, and (3) suspensory ligament of uterus.

Dr. T. D. Walker read a paper on "Nephritis," in which the differential diagnosis of the various forms was considered and a case reported in which the treatment by rectal injections of normal saline solution was carried out.

Personals.

Dr. T. J. F. Murphy has removed his residence to 65 Morris Street.

Dr. A. Robinson after practising many years in the town of Annapolis recently left for the west to engage in ranching. Dr. Robinson was given a great send off by the citizens, with whom he was very popular, having filled the mayoralty chair on several occasions.

Dr. E. A. Kirkpatrick left on the 20th inst. for Lexington, Ky., to attend the meeting of the American Otological, Rhinological and Laryngological Assosiation on April 30th, May 1st and 2nd and expects to return to Halifax on the 7th or 8th of May. The Doctor is accompanied by Mrs. Kirkpatrick and will also visit Washington and New York.

Dr. E. B. Roach of Tatamagouche, was married on the 15th inst, at Dartmouth, to Miss Grace Marguerite, daughter of B. Russell, M. P. The News extends its congratulations.

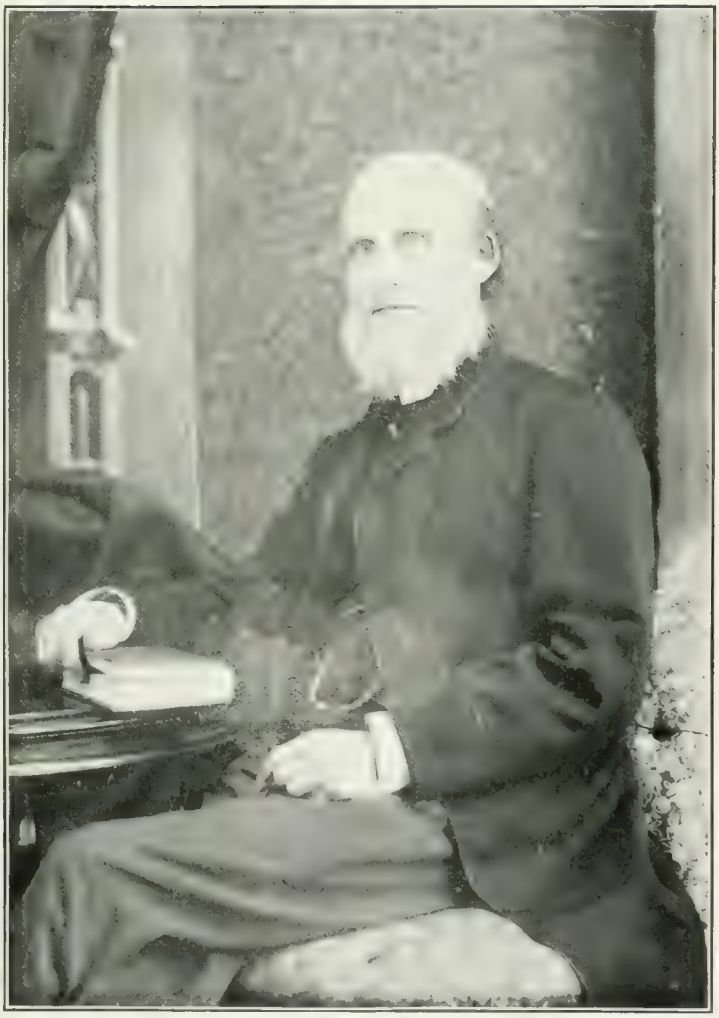
The many friends of Dr. and Mrs. H. S. Jacques extend to them deep symyathy in the death of their little girl.

Dr H. M. Hare has gone to New York to take post-graduate work for two months.

Obituary.

Dr. Richard Johnson.—It is with feelings of deep regret that we have to chronicle the death of Dr. Richard Johnson of Charlottetown, which occurred at his residence on the morning of the 18th of March.

Dr. Johnson was born on the 10th November, 1830, at Louth, Lincolnshire, England, and was at the time of his death in the 73rd year of his age. He commenced the study of medicine when young under his father and brother and pursued his medical studies in Harvard Medical College in 1854 and 1855. When returning from College in March of the latter year he met with an accident which



The late RICHARD JOHNSON, M. D.

nearly cost him his life, and was so badly frozen that he never recovered his former vigour—a comrade of his, Dr. George Haszard, lost his life at that time. His sad experience then caused him to change his mind and he entered into the ministry of the Methodist Church and laboured most acceptably for several years in that body both in the province of Nova Scotia and Prince Edward Island. Finding his health required a change, he completed his medical studies at Harvard and graduated in 1865 and commenced the practice of his profession as successor to his late brother Dr. Hammond Johnson, who had a very extensive and lucrative practice in city and country as well as that of his father.

Dr. Johnson was Registrar of the Medical Council since 1890 up to the date of his death. He was Health Officer, Superintendent of Vaccination and Justice of the Peace for Queens county. He was for many years a member and Chairman of the City School Board, and took a deep interest in education. He was truly the father of the Prince Edward Island or Protestant Hospital—a member of its Board of Trustees and the senior member of its Medical Board. He took a deep interest in all its concerns and was ever ready to promote its interests as well as that of every good work in church and state.

His medical brethern meeting in session on the day of his death, fully expecting to meet him in person were shocked at the news that he had passed away, promptly gave testimony to the high esteem in which he was held. Strictly conscientious in all the affairs of life Dr. Johnson had great reverence for truth, manliness and genuine loyalty and scorn for littleness and unfair advantage. Generous, amiable and kind-hearted in a large degree, and the prevailing opinion of the community fully endorsed the euology or tribute paid to his memory by his pastor the Rev. G. M. Young at his funeral. We are happy to reproduce it as the best obituary notice we can give. To his wife and family we extend our sympathy in their bereavement.

The funeral of the late Dr. Richard Johnson was largely attended, citizens of all classes and creeds being present to pay their last tribute of respect to the deceased. The body was taken to the First Methodist church and thence by train to Sherwood Cemetery.

RESOLUTION PASSED BY P. E. I. MEDICAL SOCIETY.

We, the members of the Prince Edward Island Medical Society, in session assembled, desire to place upon record our sense of the irre-

parable loss we have sustained in the death of our most beloved brother member Dr. Richard Johnson.

His genial character, his uniform courtesy and kindness towards all with whom he had any business relations, his straight-forward manliness and unimpeachable integrity gained for him the respect and esteem of his brother practitioners as well as that of the community at large. His departure from amongst us, ripe with years and full of honors, leaves a vacancy in our ranks that cannot easily be filled. His memory will find an abiding place in the hearts of his medical friends, as well as on the records of the Medical Council of this province of which he was the efficient and dignified Registrar.

We, his medical confreres who mourn for him, desire to convey to the wife and family of the lamented deceased our heartfelt sympathy with them in this the hour of their great bereavement.

F. F. Kelly, M. D.
P. Conroy, M. D. } Com.
R. MacNeill, M. D.

Charlottetown, March 18, 1903.

THE BELOVED PHYSICIAN.

In the first Methodist Church at the funeral service of the late Dr. Johnson, the pastor Rev. G. M. Young took for his text Col. 4:14 "The beloved physician." He said:

We are gathered together as a congregation, and as citizens to pay our tribute of respect and esteem to the memory of one whom we had learned to love. And although this house was not reared for the glory, even of the best and greatest of men, but for the glory of God and the spiritual edification of his worshippers, yet I feel that God is honored and man edified by a notice of one who in his life signally manifested the spirit of Christ, and won for himself in this community the title originally applied to St. Luke. Dr. Johnson by the blamelessness of his life, the elevation of his spirit, and the kindliness of his deeds certainly had won the title of "the beloved Physician."

All who have had opportunities of knowing him testify spontaneously that they knew no purer, nobler, human being. Some even think that, on the whole, he was the best man they had ever been privileged to know. Such a man may be spoken of, even in the house of God, where flattery is profanation, and God not man is to be adored.

Dr. Johnson was richly endowed from early in life in the heritage of a godly home and associations which in tender youth led him to know Christ as a personal Saviour. In young manhood he gave himself to the studies of medicine in Harvard College, but when his course was all but complete, a terrible experience which brought him near to the gates of the Unseen and Eternal, caused him to offer himself as a candidate for the Methodist ministry in 1857. He pursued with zeal and diligence his theological studies and in ordinary course was ordained a minister at the Conference held in the City of Saint John in 1861.

The great grief of his life came when through an affection of the throat, he was forced to lay aside the loved work, for which he had fitted himself and which was so suited to his fine intellect and clear spiritual sense. He took a year to rest in 1864, but though not in vigorous health, his ardent spirit could not content itself in idleness, so he proceeded to Harvard and finished his medical course, graduating M. D. the same year. Then finding himself still unable to do the work which was nearest his heart, he retired to take up new duties in another field of labor and usefulness, after seven years of faithful and honored service in the Christian ministry of the church that he loved.

With all the ardour of a consecrated energy he gave himself to the work of ministering to bodies diseased. Next to the ministry of the Gospel stands the ministry of the medical profession. Christianity is the handmaid of medicine. The ancients put to death their aged and infirm, but it was left to Christianity to teach the principles which lie at the foundation of the successful practice of the healing art. Skilled physicians are one of the products of Christianity, and are only found in Christian countries. The medical profession is a most exalted one, for those who are called into that ministry are entrusted with the most sacred interests of our home, and confronted with responsibilities and obligations that greatly increse their resources and opportunities for doing good. In a ministering life of unselfish duty, they often give their lives as a ransom for many. Such a view, noble and exalted, did our beloved physician take of his profession, and

> "He strove among God's suffering poor
> One gleam of brotherhood to send."

Though no longer in a pulpit, he did not cease preaching. Many persons, through his words and influence, found a severe illness a means of grace, and more than one was pointed to the Lamb of God

who taketh away the sin of the world, and arose from the sick bed to follow the new ideal, and live a higher life. The sweet sunshine of serenity, cheerfulness and good nature which habitually beamed on his noble countenance brought comfort to many a sick room, and in the depressing and painful surroundings of serious illness the patient often found a soothing balm in his very presence. Nothing morose, nothing gloomy, either in his natural temper or in his religious life, ever impaired the fascination of his presence or the cheer which he diffused.

There is no need that one should speak to you who knew him of his public services and the faithfulness with which he discharged his high ideals of citizenship. No more enduring monument can be desired than for a man's life to be inscribed in a benefit institution that survives in undying youth to bless mankind.

The remembrance of such a man, especially as it is now embalmed and sanctified by a peaceful and triumphant death, altogether in harmony with his character, cannot leave any other than a beneficial influence, enobling and elevating to the mind and heart. The name of Richard Johnson is rich in sacred as well as splendid associations, a memento of consecrated intellect and energy; an inspiring watchword for the cultivation of Christian graces and of heavenly affections, an antidote to all that is unworthy in principle or practice, an attraction to whatever in the intellectual or moral system bears the stamp of unaffected excellence, whatever qualifies for the fruition of spiritual and eternal blessings, whatever is allied to the love of Christ and God.

And now we mourn because he is gone. He has gone to his reward. He has gone to that world of which he carried in his own breast so rich a pledge, to a world of peace. He has gone to Jesus Christ, whose spirit he has so deeply comprehended and so freely imbibed, and to God whose universal, all suffering, all embracing love he adored, and in a humble manner made manifest in his own life. But he is not wholly gone; not gone in heart, for I am sure that even in the better world his affection for suffering humanity is deepened, not extinguished; not gone in influence, for his works remain and his memory is laid up a sacred treasure in many minds. The record of a generous life runs like a vine around the memory of our dead, and every sweet unselfish act is now a perfumed flower.

"The actions of the just
When memory hath enshrined them,
E'en from the dark and silent dust
Their fragrance leave behind them."

A spirit so beautiful ought to multiply itself in those to whom it is made known. May we all be incited by it to a more grateful, cheerful love of God, and a serener, gentler, nobler love of our fellow-creatures.

Book Reviews.

THE PUBLIC AND THE DOCTOR.—By a Regular Physician. Published by Dr. B. E. Hadra, Dallas, Texas. Price 25 cents.

This small book endeavors to enlighten the public in matters relating to medical affairs in a brief and clear style, and that the author has gained his object to a large degree is, to say the least, true. Many points such as the choice of a physician, consultations and fees are explained in detail, and other topics of importance are treated in a commendable manner. Physicians would do well to secure copies of this little book and distribute them for the edification of the public and consequently for their own best interests.

A SYMPOSIUM ON MODERN PROSTATIC INVESTIGATION.—The entire issue of the *American Journal of Dermatology and Genito Urinary Diseases*, published at St. Louis, Mo., for May, 1903, will be devoted to a symposium on Modern Prostatic Investigation.

The leading surgeons of the world will take part in this work, which will be discussed, arranged and presented in a manner never before undertaken. The following subjects will be discussed: (1) To what extent occupation tends to prostatic hypertrophy with especial reference to active, indoor, active outdoor, and sedentary pursuits. (2) Which suffer oftenest, the phlegmatic or nervous, the lean or obese? (3) Etiology of prostatic hypertrophy. (4) To what extent the cystoscope has been of service in diagnosis. (5) To what extent habit is responsible for prostatic hypertrophy with especial reference to the use of alcohol and constipation. (6) In what cases, palliation is advised, and of what it consists. (7) Ligation of the vasa deferentia and results. (8) Castration for prostatic hypertrophy and results. (9) Bottini operation or some modification of this treatment and its success with especial reference to complications, permanency of relief, etc. (10) Supra-pubic drainage with an estimate of results. (11) Supra-pubic prostatectomy and results obtained. (12) Perineal prostatectomy and with what success. (13) Operation of choice for prostatic hypertrophy. (14) What unexpected complications have arisen during the operation for prostatic hypertrophy, and what during the post-operative conduct of cases. (15) Resume of prostatic work.

The International Medical Annual for 1903. Published by E. B. Treat & Co., 241-243 West 23rd St., New York. Price $3.

The last volume contains over 700 pages, giving a general summary of the year's work in clear and condensed language. A Review of Therapeutic Progress for 1902 is written by Prof H. A. Hare, including an article on X rays, High Frequency High Potential Currents, and Light Treatment by Dr. John Macintyre of the Glasgow Infirmary, in which is contained excellent drawings and plates of cases of rodent ulcer, epithelioma and carcinoma successfully treated by the X-rays. The Dictionary of Treatment occupies as usual a large proportion of the volume and contains much of practical benefit for ready reference. There are eighty-four figures and no less than thirty-three excellent plates which render the text of increasing profit to the reader. May the *Annual* long exist to fill its great field of usefulness to the busy practitioner.

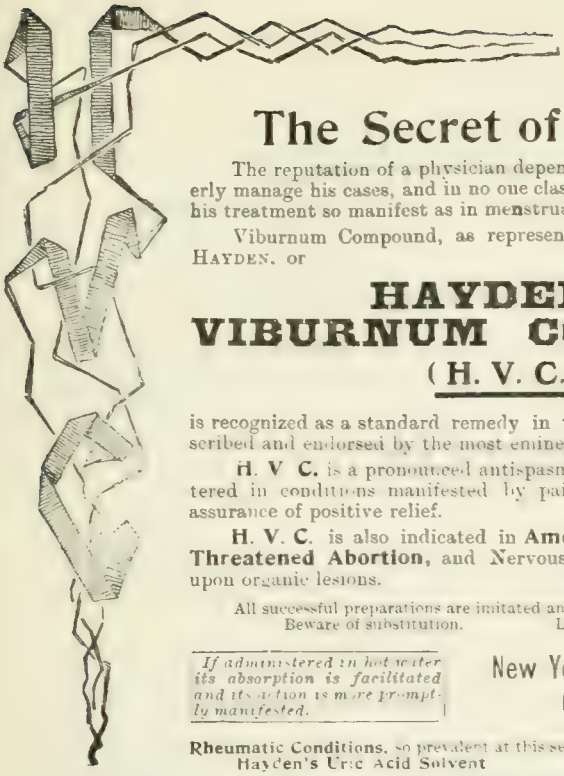
Notes.

Sanmetto in Frequent Incontinence in the Aged, in Enuresis Nocturna in Children, and in Pre-Senility – I have had good results from the use of Sanmetto in nocturnal enuresis of children; also have prescribed it in cases of frequent micturition in old people, with marked benefit; also find it beneficial in pre-senility. I think it is a good medicine in all cases where anything of its nature is indicated.

Athens, Pa. S. W. Badger, M. D.

An old Friend's Endorsement.—In the "Reference Book of Practical Therapeutics," compiled by our old friend, Frank F. Foster, A. M., M. D., editor of *The New York Medical Journal*, we note the following: "Antikamnia Tablets have been much used and with very favorable results in neuralgia, influenza and various nervous disorders. As an analgetic they are characterized by promptness of action, with the advantage also of being free from any depressing effect on the heart" We are pleased at this expression of faith in the efficacy, promptness and absence of untoward after-effects of this most excellent remedy. We feel that the statement applies not only to Antikamnia Tablets, but to any of the tablet specialties offered to the medical profession by The Antikamnia Chemical Co., of St. Louis, Mo. Physicians desiring samples should write to this company for them and they will be forwarded promptly, particularly if they mention Maritime Medical News.

Obstetrical Practice. In contrasting modern obstetrical practice with the methods formerly in vogue, one cannot fail to be impressed with the greater care bestowed upon the parturient woman. This is shown by the scrupulous cleanliness and antiseptic precautions recommended in every modern text-book as well as the earnest efforts made to relieve the pangs of childbirth. The latter point is one of great importance since it is probable that women of the present generation, owing to various causes, and especially to a less robust physique and a more sensitive nervous system, are less able to endure the pains connected with parturition It is on this account that the labor pains are in many instances less effective and more intensely felt Under these circumstances Hayden's Viburnum Compound becomes a real blessing to many parturient women. During the first stage it exerts a soothing effect, relieving nervousness and restlessness when given in doses of one dessertspoonful followed every half hour by a teaspoonful. In the second stage its action is that of a uterine tonic, increasing the efficiency of the pains, and here it may be given in teaspoonful doses whenever required for that purpose In the third stage it satisfactorily replaces ergot, being equally efficient and devoid of its unpleasant sequelae. One of the striking differences between ergot and Hayden's Viburnum Compound during the period of parturition is that while the former produces a continuous contraction of the uterus with scarcely any intervals between the pains, Hayden's Viburnum Compound simply reinforces the strength of the uterine contractions without otherwise changing their character. This enables it to be employed when ergot would be dangerous both to the mother and the child.



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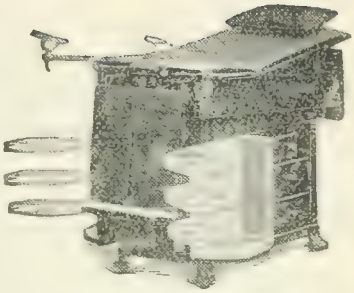

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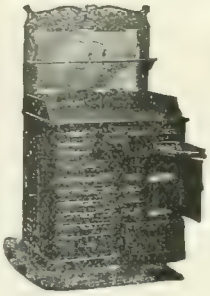

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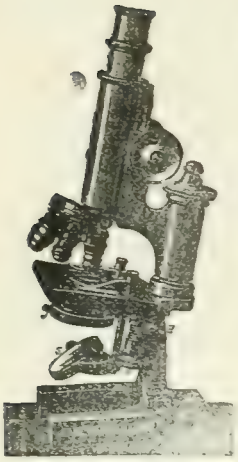

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Original Communications.

EXAMINATION OF WATER, CHEMICAL AND BACTERIOLOGICAL.*

By ANDREW HALLIDAY, M. B., C. M., Provincial Bacteriologist and Pathologist, Halifax, N. S.

The fact that water is one c the neces-saries of life would almost lead one to the conclusion that every one would be interested in securing a proper and adequate supply of it.

And yet strange enough this is not the case and it is difficult to say what to attribute this to. It may be that it is due to ignorance as to what constitutes "pure water," partly to carelessness and partly to false ideas of economy or all of these combined.

Certain it is that legislation even is required to ensure such a supply, for in the Public Health Acts of Great Britain we find the following:—"It shall not be lawful in any rural district for the owner of any dwelling house which may be erected * * * to occupy the same or cause or permit the same to be occupied unless and until he has obtained from the sanitary authority of the district a certificate that there is provided, within a reasonable distance of the house, such an available supply of wholesome water as may appear to such authority, on the report of their inspector or of their medical officer of health, to be sufficient for the consumption and use for domestic purposes of the inmates of the houses."

* Read before meeting Medical Society of Nova Scotia, New Glasgow, July, 1902.

It may be well for us to consider for a few moments the sources from which our people draw their water supply. And here I refer more especially to rural districts, as it is to be supposed that every progressive town has a water supply which is free from risk of contamination.

1. Rivers. Water may be derived from this source for domestic purposes, and indeed has to be so derived in very densely populated centres.

The supply of water from such a source has no very great objections if the river has not passed through a cultivated and settled country and thus become liable to contamination.

Such water has usually a muddy, turbid appearance and may contain an excess of vegetable matter; but where it has not flowed through such a country as described it is not liable to contain very many pathogenic or disease producing organisms.

But unfortunately it often is contaminated, and therefore is to be regarded with great distrust as a water supply. It was owing to Hamburg deriving its supply from the river Elbe that led to such a wide distribution of a fatal epidemic of plague, a few years ago.

2. Artesian wells. These are usually of great depth, passing through impervious strata, and are the very best and purest of water supply.

3. Springs. Are of course good supplies.

4. Deep wells. These are wells not necessarily deep in number of feet, but deep in that they pass through an impervious stratum and tap the water underneath. The water in this case has usually travelled a long distance, and during its percolation has become filtered and purified. It is therefore an admirable supply of water for domestic services, provided proper precautions are taken to ensure that the subsoil water cannot filter through its walls and thus contaminate an originally pure water.

5. Shallow or surface wells. These wells are shallow in the sense that they do not penetrate through any impervious stratum, but merely drain the subsoil. They may actually be deeper in number of feet than a "deep" well and yet be called shallow.

These are the most dangerous of all sources of water supply, and unfortunately they are a very common source in rural districts.

How often do we find such a well at the farms in county districts! And it would not be so objectionable if they were some distance away from any cesspool, manure heap or other source of contamina-

tion. But as it is they are often situated in the yard in close proximity to the barn and manure heap.

How can we expect such a water to be free from contamination It is not infrequently situated at a lower level than the manure heap, and thus the filth gradually soaks away through the more or less porous soils, and as the contents of the well are pumped out they are replenished from the surrounding soils. The wells thus in many instances is simply a drain for the surrounding soils.

The distance within which a well draws water when its level has been depressed by pumping depends on the amount of depression and the nature of the soils. The distance is usually expressed in terms of the depression. In fine sands and gravel the distance varies from 15 to 39 times the depression. In chalk, where fissures facilitate the passage of water, the distance may be 57 times the depression. In dry, coarse gravel which allows free passage of water it is from 68 to 160 times. We thus see the conditions which determine the freedom of a shallow well from sewage and other pollution are :—

1. Its position with regard to the flow of the underground water.
2. The depression of water levels produced by pumping.
3. The nature of the soil.

As to the other precautions to ensure purity of water in shallow wells it is beyond the reach of this paper to discuss. But very frequently the consumers of water from such wells are indignant at any suggestion of impurity. Their water is all right because the water is always clear, sparkling, and of a pleasant taste. Unfortunately, liquids containing excremental matter, especially after soaking through a few feet of porous soils, do not impair the palatability of the water, and thus polluted water may be consumed from year to year without the slightest suspicion of its character, while water far less likely to act as an agency in carrying disease may on account of its unpleasant taste and unsightly appearance be absolutely condemned. This is especially so where there is much vegetable matter in the water. I had a good instance of this during the past year. A number of samples were forwarded to me from a district, and one sample, out of nearly a dozen other, was turbid, muddy and contained a good deal of vegetable matter, while other samples looked much more innocent on naked eye appearances. And yet on examination, both chemically and bacteriologically, the water of so objectionable appearance was the second best as regards sanitary purity.

In order to clearly understand this matter we will consider the composition of waters of different qualities, and if I may be permitted to express the opinion it would be well if a good deal of attention were given to this, because without such a knowledge a mere report of the result of a water-analysis will convey very little information.

1. Physical characters. It is a difficult matter as I have already said to judge the value of a sample of water from these alone, and they should never be trusted to. A clear, bright, sparkling water leads us to jump at the conclusion that it is wholesome. It is notoriously the case that often the most polluted and dangerous waters have just these characters. We must therefore take up the position that while we are safe in rejecting a water which does not possess these qualities, yet we are not safe in accepting it without corroborative evidence.

Reaction. If alkaline, we are put on our guard, as this is usually the concomitant of ammonia and its compounds which is strongly suggestive of animal contamination. However, it may be alkaline and yet harmless even when it contains Ca and Mg salts.

The ammonias and nitrites and nitrates. These may be taken together. When the organic (albuminoid) ammonia amounts to 0.5 per 100,000 then the proportion of free ammonia becomes an element in the calculation. A water is generally considered just within the border line of safety if the free and albuminoid ammonia are .005 and .008 parts per 100,000 respectfully. Much "albuminoid" along with a small amount of free ammonia indicates vegetable contamination and this indication gains further support if there is only a faint trace of chlorides and no excess of nitrites and nitrates. Much "free ammonia" and excess of chlorides nitrates and nitrites will denote animal pollution. Nitrites and nitrates are in themselves harmless, but if found in a water exposed to risk of pollution may be sufficient to condemn it.

Nitrates 0.2 per 100,000, over this suspicious.

Nitrites 0.3 per 100,000, over this suspicious.

Oxidised nitrogen .5 per 100,000.

Nitrites and nitrates are as a rule due to the oxidation of nitrogenous organic matter of animal origin and if found in water from a source open to suspicion must be regarded as oxidised filth. Nitrites as a rule indicate more recent pollution and therefore more dangerous than nitrates, which indicate remote pollution.

Chlorine. In water collected from chalk or sandstone we need not be suspicious of chlorine till it reaches 3 parts per 100,000. But in excess of this it can only be attributed to organic pollution after all other likely sources have been excluded, e. g. wells near sea coast, tidal waters, alkali effluents, etc.

These are the more important constituents, but of course there are others more or less corroborative What does the presence of these constituents indicate, and where do they come from?

The upper layers of the soil contain great numbers of bacteria (putrefactive) chiefly in the upper 4 or 5 feet.

Suppose sewage from a cesspool or other sources filters into the soil. The organic animal matter it contains is seized upon by these organisms in successive crops and the complex albuminoid and nitrogenous substance are gradually broken down into more simple bodies till ultimately there is little left but NH_3, free or in combination, CO_2 and H_2O. But when this stage is reached another set of bacteria get to work. These are the nitrifying organisms. They have the power of building up from the simple NH_3 a more complex body, viz: oxidized NH_3 in other words HNO_2, which, combining with various metals e. g. K., Na., etc., forms nitrites. A still further stage of oxidation would be the conversion of the nitrous into nitric acid. This is accomplished by another group of bacteria, hence we in the same way as before get the nitrates.

Thus we see that much albuminoid NH_3 indicates very recent pollution, nitrites, not quite so recent, and nitrates still more remote. But when thus remote we are in constant danger, as it shows that the source of contamination is in the neighborhood and may at any time as it were overflow.

So much then for the chemical examination. What about the bacteriological?

As a matter of fact these are nearly corroborative of each other. Suppose we find a water containing a great many putrefactive organisms (not disease producing), and therefore harmless in themselves, we are practically sure to find organic matter undergoing putrefaction, and this of course points to contamination.

I have on several occasions got samples of water to be examined for typhoid bacilli. Now looking for typhoid bacilli in a water sample is like looking for a needle in a hay stack, and is rarely accomplished even by the most experienced bacteriologists. But it is

not necessary to find typhoid bacilli to condemn a water. If we find an excess of bacteria of any sort we are justified in condemning it on the ground that it indicates an excess of organic matter. Still more is this the case if we find, as we often do, bac. coli communis, a non-pathogenic organism found abundantly in the alimentary canal. It in itself does not indicate disease but it certainly means that the water is being contaminated from an animal source and if disease is present that this water is liable to be the medium by which it may be carried.

Not long ago I had a sample sent me, to be examined for typhoid. Well I found no typhoid, in fact would have been surprised if I had. But what I did find was that there was a great excess of NH_3, nitrites and also nitrates. Bacteriologically it contained per c.c. so many putrefactive organisms that it was impossible to count them. They completely liquified the gelatine plate in twenty-four hours. There was no need to find typhoid bacteria. The water was as bad as it well could be and yet to the naked eye this was a clear, bright, pure looking water.

MEDICAL ETHICS.*

By W. R. Dunbar, M. D., Shubenacadie, N. S.

This subject has been taken up to such an extent by members of the profession, and their papers published in the medical journals of the past few months, that little can be added to what has already been written; and no doubt some of the contents of this paper will be as familiar to you as your prayer books—should be. Yet I think we may derive some benefit from a discussion of the ethics of our profession. The subject embraces a great deal more than I shall be able to treat or even to touch upon, but I would ask your indulgence for a few minutes with an imperfect sketch of this important part of our education, which in our college training was neglected as a distinct subject: our teaching on medical ethics being confined to a single lecture, at the most two.

Our worthy teachers sought to inculcate us with the true spirit of manliness, and trusted to that to be our rule and guide in all our professional dealings. I believe that recently a movement has been set on foot in the upper provinces to have this important subject taught in our colleges as a part of the curriculum.

As I mentioned the subject has recently attracted attention. Our Maritime Medical News of June last contains a paper read by Dr. Goodwin, before the N. S. branch of the British Medical Association. Also in the August edition of the same journal, I notice that "Medical Ethics" formed the principal part of the President's address before the New Brunswick Medical Society in July. There is also, in the same copy, an extract from the "British Medical Journal" of a recent issue.

The papers are all well worth reading, and I am sure we will all agree with Dr. Murray when he states that "there is no profession from the members of which greater purity of character, and a higher standard of moral excellence is required than the medical."

To attain such eminence is a duty which every practitioner owes alike to his profession and to his patients. Yet, I regret to state, the present condition of the medical profession, regarding it from an ethi-

*Read before Colchester Medical Society, Sept., 1902.

cal point of view, is not up to that high standard. The root of all evil seems to predominate, and our noble calling is used only as a means to an end. We jostle along with the crowd in the race for gold, and our professional attainments are often measured by our success in the scramble for worldly goods.

Brilliant success in treatment, and rapid money getting, too often constitute the chief aim of the ambitious practitioner of to-day, and every one must keep pace or be left behind. The times have changed and with them the practice of medicine. It is no longer the thing to practise medicine for the sake of humanity and an honourable living as it was once. Now, our chief aims are fame and luxury. In many instances our profession has become a trade.

The expression, "The age of chivalry is gone," may be applied to the medical profession of to-day. In an article recently published in a medical journal, Dr. T. J. Hillis, of N. Y. State, writes: "Once the spirit of tolerance and the cultivation of a kindly professional relation were hardly second to being skilled in the profession itself."

In our time the science of medicine has moved with rapid stride in the direction of higher development, but the etiquette of olden times has not kept pace with it. This laurel wreath which old time physicians wore with pride is now withered in an atmosphere of twentieth century commercialism, unseen, but felt on every hand. Our calling is a noble one, and to establish it in its proper standing, that is before all others, we must as a body, and more especially as individuals, discharge our duties conscientiously and faithfully, so that when the time comes when we shall have to render our account, we shall be able to look back on the pages of our life without regret and without shame.

May we follow the example of our late lamented President, and fellow citizen, who was a type of the true medical gentleman—more alive to our virtues than to our faults—who if he erred was on the side of virtue, who cheerfully responded to duty's every call, and who when the "last great call" came, calmly set his affairs in order and went on his journey. May we thus serenely meet the inevitable. 'Tis true that our duties are often trying, sometimes disagreeable, and occasionally our present reward the basest ingratitude; but it is by overcoming these that we prove the high standing of our profession, and it is certain that we shall reap our reward if we remain steadfast to our duty.

Our work has its bright side also. There is a fascination about it to one who truly seeks after truth, and who wishes to advance the art of medicine. His remuneration will be greater than can be computed in dollars and cents. Sometimes we feel amply rewarded by the successful issue of what seemed an intractable case; or if we were unable to prevent the inevitable we may have the satisfaction of having done our best, and mitigated the sufferings of our patient.

Our calling is preeminent. In no other will so large a proportion of its members be found so self-sacrificing or more devoted to the welfare of humanity, with hope of reward other than the approval of their own conscience. Yet, our noble calling is marred by our one besetting sin, the bane of professional, as well as of social life—*jealousy*, a spirit most vitiating to our manhood; and so long as this spirit exists, just so long will people withhold the respect to which our profession is otherwise entitled.

If we would have the public mind regard the dignity and worth of our profession, we must show to them by our daily walk and conversation that our chief delight is to uphold its honor. We must cultivate a fraternal spirit among ourselves, and carry out the great moral precept, "Whatsoever you would that men should do to you, do you even so to them." And let us while mindful of our own, uphold the reputation of our friends and competitors in our profession. As it is only natural for one to make mistakes, I do not claim that there is any of us who never err in our conduct towards our professional brethren, for all must have at some time come short of the glorious precepts of the Golden Rule. But I do insist that each and all should strive to attain a state of perfection in our professional conduct toward each other. Too often we allow the laity to cause us to break every rule of etiquette. They will come to us seeking our opinion of a case that a fellow practitioner has been treating, or they will ask us to visit and treat a patient that another physician has been attending without informing us of the fact, and if we do not question them on the matter we may cause ourselves no little mortification by visiting another physician's patients.

The idea is prevalent in the popular mind that they may call a second or even a third physician to the same case without the consent or knowledge of the first, or without their having formally discharged their former attendant. If the latter is done, or the first physician for reasons of his own declines continuing the case, I think it is the

duty of the second to attend when called upon; but if people request us in the absence of their regular attendant to treat them, we should walk warily lest we encroach on another's rights. We have no more cause to interfere with another practitioner's patients without his knowledge or consent than we have to meddle with their private property; and it is our duty to endeavour to educate the laity to the fact that physicians have rights which must be respected, both in their relations to each other, and to their patients.

Another source of misunderstanding among ourselves, and between the profession and the laity, is our scale of fees. I know of instances in which the minimum fee is not asked; especially is this so in obstetric cases, and where another charges according to our scale of fees he is looked upon as an extortioner.

When approached by the laity in regard to our fee for an operation for a case of confinement, it would be well to state both minimum and maximum fees—explaining that it depended upon the time occupied and the amount of work involved.

Take an example: we are approached and asked, it may be, what do we charge for attending a case of confinement. Probably we may answer, "eight dollars" or "ten dollars"; whatever our usual fee in uncomplicated cases is. Perhaps another physician had attended a case for that individual, which involved a wait of eighteen to twenty-four hours, instrumental delivery, and stitching a torn perineum or cervix, and charged for these services twenty-five dollars. Our answer would give the questioner the impression that he had been overcharged. Whereas, if we said our charge was from eight to thirty dollars he would have no reason to be disappointed with his attending physician's rates. I do not know of anything that cheapens our profession like reducing our rates in the spirit of opposition like so many second-hand dealers. Societies and insurance companies seem to have us at their mercy. Just think of making a physical examination, and testing for albumin and sugar in the urine, for three dollars. It is pretty much in medicine as in everything else; we must keep our rates up to a certain standard if we are to do ourselves and our patients justice.

Another drawback to our profession is the lack of social principles, and our inclination to consider our individual interests, regardless of detriment to the profession at large. Such tendencies are best overcome by habits of association and mutual intercourse, which scientific

and social meetings are calculated to engender. It would be a proper movement, at least in my opinion, for every society, such as ours, to adopt a code of ethics, and there are none of us but who would be the better for an occasional brush up on the etiquette of our profession, more in the way of a prophylactic, than as a necessary course.

We owe it to our profession to promote its best interests, not only by scientific research, but by a feeling of brotherhood and of mutual support; so that the popular mind may entertain the idea which is well expressed in the words "Behold how good and how seemly it is for brethren to dwell together in unity." We should as far as it is in our power live at peace with all men, but more especially with professional brethren.

There are certain rights and privileges to which a physician's professional standing entitles him. He would do well to assert them; in fact it is his duty to do so. His talents and skill are qualities of which he is a steward, and should be used for the best general good, and are not to be wasted either by his own carelessness nor by the selfishness of others.

When called to attend a case he should be allowed the free use of his faculties, and not be deterred from doing what in his opinion is necessary, either by the solicitations of the patient or of anxious friends. In our relations with the sick we should exercise kindness and forbearance, making due allowance for their irritability and peculiarities, and at the same time endeavor to elicit such information as is essential for a proper diagnosis of their condition.

It should be beneath the dignity of a physician to misrepresent the gravity of a case, leading the patient or friends to think it more serious than it really is, and thus be tendered an exalted estimation of his services, to which he is not entitled. Nor should he involve a patient in unnecessary expense, by needless visits or by costly appliances.

Another error we are liable to fall into is allowing admiring friends to publish in the press our successful treatment of them or their relatives. This is an unethical method of advertising; we should be content with the successful issue of our efforts without sounding a trumpet.

In their intercourse with each other, physicians will best consult and secure their own self-respect and that of society at large by a

courteous conduct toward their professional brethren. Differences not infrequently arise from want of candour, a suppression of the truth, if not actual falsehood, on the part of parents or friends, and these false statements probably constitute the most fruitful source of jealousies and ill-feeling, which so often mar the fellowship and good feeling of our profession. We cannot be too cautious how we receive and act upon such statements *said* to have been made by a professional brother. It is among these snares that we must be "as wise as serpents," and "walk circumspectly."

We should as medical men and preservers of the public health bear testimony against quackery in all its forms, whether it appears with its usual bold front, or under the pretence of philanthrophy or of religion.

Although the laws of our land are stringent for the suppression and punishment of fraud in general, yet fraud in medicine flourishes wholesale, and our only remedy would be to bring, as a united body, pressure to bear on the legislature to enact laws for the suppression of such practices. The press is the greatest source of help to promote the use and sale of quack medicines. In every newspaper and magazine, without exception, the virtues of some particular nostrum are set forth. Even our medical journals are often more than half taken up with advertisements, that to say the least are not strictly ethical. Judging from the matter contained, a great many so called medical journals exist solely for the purpose of advertising certain remedies, generally endorsed with physicians' names. Neither will stand the straight rule of medical etiquette.

Another class that lend their influence to encourage the use of "secret nostrums" are members of the learned professions. It is annoying to see their names to an article declaring that a certain patent medicine cured them, after the doctors had given them up, whereas if the truth were known, probably their trouble existed only in their imagination.

The pharmacist also contributes no small aid to the widespread use of questionable remedies, and gives them the advantage of space and place in his store. To-day we are more or less at the will of the pharmacist. He indirectly dictates to us what remedies

we shall use, compounds our mixtures wholesale, and suggests to us for what and how to use them, and has his bottles labelled so that "a wayfaring man though a fool" might use them intelligently.

Lastly, and worst of all, we find that some practitioners do not hesitate to recommend some patent medicine, which fact at once commends the system in general, and that remedy in particular, to the popular mind.

It is also opposed to medical ethics to countenance the popular delusion of extravagant cures, or the prolongation of life beyond its natural limits, by means of some health restoring extract, or an infallible system of medical practice—the faith in which among the deluded believers is in inverse ratio to the amount of common sense they possess. It is the duty of the physician to discountenance all such shams and to endeavor to set before people the true principle upon which curative medicine is founded.

Unless we be true to ourselves, and to the ethics of our profession, it will be vain to appeal to other learned professions, or to the laity for a proper recognition of our abilities, and of our general standing.

To uphold so honourable a position, we must, to begin with, have the requisite knowledge of our profession, and as I mentioned at the first, a gentlemanly demeanor, and should fulfil our duties with kindness, and with courtesy, and with a just sense of true dignity engendered of self-respect.

Our manner or professional deportment, to be perfect, must be sincere, and actuated by a sense of regard for the feelings of our patients. It is certain that no generalized or artificial manner can fail, sooner or later, to betray itself. It is likewise impossible to have one manner for rich patients and another for poor patients. In this respect we should imitate the eminent physician, who when requested by the Archbishop, not to treat him as he would a Whitechapel patient, replied, "Your Grace, I treat Whitechapel patients as if they were the Archbishop."

Professional morals are an important part of medical education, and it is as much our duty to acquaint ourselves with the precepts of the ethics of our profession as it is to study scientific truths.

I would again suggest the adoption of a medico-ethical code, and at the same time repeat that no laws however stringent will make a man.

A VISIT TO NEW ENGLAND ABBATTOIRS.*

By J. W. Daniel, M. D., St. John, N. B.

Having been requested by the President to give an account of my recent visit to Massachusetts to obtain personal information with regard to abbattoirs, I consented, but with much diffidence, as I thought the subject would not be very interesting to members. As there is talk of building an abbatoir within our city limits it may be as well that the information gained by my visit should be placed at your disposal. As my visit was especially for the purpose of ascertaining to what extent, if any, such places are a nuisance to the neighborhood, my attention was given almost exclusively to that, and I did not charge my memory with the many interesting operations I saw during my examination. Any of you who have examined the slaughter houses in this neighborhood knows that the odour from them is abominable and far reaching, apparently because proper care is not taken in dealing with the blood and refuse; and indeed I have traced the bloody slime in the small water courses that come from them for considerable distances.

The slaughtering rooms that I saw for cattle all resembled one another in construction. Running along under the heads of the slaughtered cattle was a trough for the blood, ending in an opening to convey the blood to the receptacle placed on the floor below. In other parts of the floor were openings through which various parts of the animal not used for food was dropped, viz., one for heads one for the hides, one for the emptied paunches, one for the viscera, etc., these all dropping into various wagons placed to catch them. The hides are immediately spread out and salted in packs, and the heads and other offal carried off to the various rendering tanks, it being the rule that all these things must be disposed of within 12 hours. The floors of the slaughter houses are of wood, the basement of cement. The killing of cattle that I saw was mostly after the Jewish fashion, there being a very large Jewish population about Boston, and as these people only use the forequarters it takes a great many carcases to supply their wants. The steer was hoisted up by one hind leg with

*Synopsis of address to St. John Medical Society.

a chain hitch above the hock, so that the animal lay with his head and neck on the floor; after remaining in the unpleasant and painful position for some minutes his throat was cut, and after another prolonged wait, he was knocked on the head I thought the mode of death necessarily prolonged and cruel. The carcases after being prepared in the usual way are carried into the refrigerator rooms where they are kept at temperatures varying from 40° at first down to 34° F. These cold storage rooms are very clean and divided off from the rest of building by powerful and close-fitting doors. In one establishment I visited, the cold storage room covered one acre and was seven stories high. The temperature is kept low not by ordinary ice, but by large pipes connected with a refrigerator apparatus in which ammonia is the active agent, and which is so effective that everywhere the pipes are seen covered with thick frost.

The rendering vats are are all built after the same fashion, being iron cylinders of large size with conical ends, having an opening at the top for inserting the offal, etc., and another at the bottom for its removal after treatment, the openings being protected by doors with fastenings similar to those of a steam steriliz·r. The contents are subjected to prolonged action of hot steam, the oil being drawn off by a pipe about a third of the distance from the top. Vast quantities of olein, or as it is called there oleo oil, are manufactured in this way.

As this rendering process was the one that formerly gave rise to the most nauseating and unpleasant odours, viz., the butyric, caproic and other fatty acids given off in this process, I was particularly careful to ascertain if they were effectually disposed of. I found that this was done. In some of the places these gases were drawn off by a steam exhaust and carried away under water. In one the gases were forced under the furnace fires in the boiler room, and neither in the boiler room nor from the chimney could I notice any appreciable odour.

It is not correct to claim that these abattoirs are free from smell. In and near the slaughtering rooms there is an unpleasant smell and it cannot be otherwise, but there was a decided difference in this respect in different places, depending, I presume, upon the amount of care and thoroughness with which the place was cleansed after the day's slaughtering was over.

One of the places visited confined its operations to hog products. The animals after being thoroughly rested after their journey, are driven into a thoroughfare where they must move in single file arriving at the end of wh ch each animal is caught up by a hind leg to a travelling frame by which he is carried squealing and protesting before the man who with a deft thrust of his knife into the animal's throat knicks off the side of the superior vena cava or innominate artery or both. The animals next appearance is in a tank of very hot water where they are seen rolling over and over, silent now, but being prepared for the next transformation which is brought about by their being hoisted through a barrel shaped cylinder armed on the inside by a number of hammer shaped blunt knives or scrapers which entirely denude the h g of his bristly covering as he passes through, emerging from it as white and hairless as a baby. He next loses his feet, and is strung up by the hind legs and proceeds on his interesting travels, every man he meets doing something to lessen his proportions, and doing it in a thoroughly expert way, the hog being all the time travelling. The first one makes one long incision from anus to throat, the next eviscerates, the next with two or three strokes of his cleaver divides the whole length of spinal column into two halves, the next divides bony connection between head and vertebra, the next makes two strokes of his knife and off drops the head &c, &c., till he is divided up into hams, sides of bacon, rolls of bacon, bolognas, and pork sausages.

It was interesting to watch this last operation. The sausage meat is in a machine under heavy pressure and ending in a horizontal nozzle, over which the covers are pressed as a kid glove is pressed on a finger. Then a tap is turned on, and presto, ten or fifteen feet of sausage fly out on the table before it, where it is rapidly tied into that segmented condition we find in the shops. Besides the oleine already referred to immense quantities of stearine are manufactured, which comes out in beautiful white looking sheets about a foot square and half or three quarters of an inch thick. I was informed that a great deal of this material was used for the manufacture of caramels.

I found in all of these places that every animal and every carcase had to be passed by a veterinary inspector before it could be used for food. Every animal condemned was cut up and put in rendering vat. I saw the red ticket of condemnation on one hog carcase,

the skin of which had a measley appearance, and the flesh also looked dark and unhealthy. With regard to the result of my mission I may say that the immediate neighborhood of these places is unpleasant from the slaughter house smell, the smell of the live hogs, and the incessant squealing of these animals as they are being carried to slaughter, and I do not think they should be allowed in city limits or near the vicinity of residences.

REPORT OF A CASE OF RECOVERY FROM HIP-JOINT DISEASE AFTER FRACTURE OF THE THIGH.*

By Chas. Bent, M. D., Truro, N. S.

The only explanation I have to make for detaining you for a short time is that, having been requested at the last meeting of our society to furnish a paper that might be of interest to its members, I promised to do so, but how far I shall be able to fulfil it I will leave it for you to judge.

The case I propose to occupy your time with is one that made a deep impression on my mind in regard to some important points in practice that may be of use to you in the treatment of similar cases. It is hip-joint disease followed by an accident with favourable results. I believe upon the whole there are few more diversified or intractable diseases brought to our notice than this vexatious one, which fortunately is not so frequently met with in the country as it is in densely populated cities.

It was in the year 1892 that I was requested to visit a boy in the country, aged 16 years, who was suffering a good deal of pain about the hip-joint, especially on the front of the thigh, with general derangement of his health. The family history was not good. His grandfather had white swelling or scrofulous affection of the knee joint all his life. The boy's mother when a young girl had the same complaint in her knee, and after she was married became worse, so much so that she had to use a crutch the most of the time for twenty-five years, and at the age of 48 died after a year's illness of pulmonary consumption. She had six children, and all are living at the present date. It is evident from this history that he inherited a predisposition to this disease.

I treated the boy for a year without any marked improvement and finally sent him to the hospital and he remained there several months under treatment, and still no improvement in his condition. Then an operation was proposed to him, but to this he would not submit. He came home unimproved and went out in the air as much as pos-

*Read before the Colchester Medical Society, Jan., 1903.

sible on his crutch during the summer, when the joint became ankylosed. His general health improved, but the limb wasted and the leg contracted on the thigh making it useless, and altogether his prospects were not bright, as he felt he was a helpless cripple.

At this stage of his case he met with an accident. On January 28, 1898, he was thrown from a horse and when I visited him I found on examination a fracture of the femur at its middle, and when proceeding to dress it I met with the deformity caused by the leg contracted nearly at a right angle on the thigh, which prevented extension from the ankle. To overcome this I took a piece of adhesive plaster two feet in length and three inches in width and applied it to each side of the thigh from the knee joint to the point of the fracture, well secured with a bandage, and passed through the loop of the plaster a small rope (long enough to extend over the foot of the bed) to which a weight was attached, and with a sheet around the perineum tied to the bed post at its head After reducing the fracture I applied a bag of bran on each side, secured in position by splints. This completed the dressing.

At the end of eight weeks he was able to move about the room on his crutch. To his astonishment he found he could place his foot flat to the floor, a thing he had not been able to do for six years. The extension and counter extension during the time it was kept up had completely overcome the contracted muscles, and, with perfect use of his knee-joint, he soon recovered with a useful limb, which although stiff at the hip-joint, enabled him to perform any kind of hard labor. In support of this I may say that he has been working as a coal miner at Glace Bay for the past three years, getting high wages. Some months his pay amounts to eighty dollars a month.

I don't claim any credit for the favourable termination of this case. I claim, however, that it is instructive, inasmuch as it shows that extension and counter extension is preferable to tenotomy in the treatment of muscular contraction. In regard to the treatment of diseased joints of constitutional origin I would remark that when a student attending the Children's Hospital these cases were treated with a splint to maintain absolute rest of the parts affected, and confined to bed, and this continued for months and even years in some cases. To this course of treatment I most decidedly join issue. I believe the more these cases are kept in the open air and allowed all the exercise they are able to take, the better will be the results. At least this is my experience.

Of course it sometimes happens that the suffering is too great to permit this in the first stage of the disease. In the case referred to the pain was so violent in the front of the thigh, especially at night, that he required full doses of morphine for some time.

REPORT OF CASE OF FACIAL ERYSIPELAS TREATED BY INJECTIONS OF ANTISTREPTOCOCCIC SERUM.

By E. B. Roach, M. D., C. M., Tatamagouche, N. S.

Young men are so often accused of a readiness to appear in press that for nearly two months I have hesitated about giving a report of this case, but thinking that the knowledge I gained from this case may be of benefit to some young practitioner I decided to relate my experience as briefly as possible.

Report of Case. Was called on Friday, about 9 p.m., to see a young women twenty years of age. At this time she was complaining of severe headache, fever, and pain in back and limbs, which made her restless in bed. Temperature, 103; pulse, 112. For over a month the right ear hadtroubled her with what appeared to be an eczematous condition, but she stated that it felt more sore than usual. Examination revealed an area of redness over the mastoid region, which was just perceptible, but would probably have been quite distinct by daylight

I at once thought of erysipelas, and told her attendant to keep a sharp watch for any increase in the redness or swelling. She was given one of the coal tar products for the headache and pain in back, also a calomel purge as she had been quite constipated.

Saturday about 7 p. m. I received word that she felt a little better, and so far as informant knew, the condition of parts about right ear were not any worse. Was sent for on Sunday as patient was not so well, and found her with very severe pain in head and back. Temperature, 105.6 (taken twice); pulse, 120. The right side of face was greatly swollen, so much so as almost to close right eye, very red and tender. She was at once given a cold sponging of ten minutes duration, and in half an hour the temperature had dropped to 104. From this time, throughout the case, ichthyol was used locally, and tr. ferri perchlor. internally in large doses every four hours. The case seemed so serious that I decided to try antistreptococcic serum, and twenty-four hours elapsed before I could procure it. In the meantime phenacetin was given every four hours, and orders left to

repeat the cold sponging. At noon on Monday the temperature was 105.4; pulse a little over 120; general symptoms not abated in the least, and the local trouble rapidly extending across face to left side. At this time 10 cubic centimetres of antistreptococcic serum (Stearns'), was injected between the scapulæ. At next visit (exactly 24 hours), the temperature had fallen to 101, pulse 100, and with the exception of a feeling of stiffness and soreness in face, patient felt remarkably better.

I repeated the injection of 10 cubic centimetres of the serum, in the same locality, with the result that in the next twenty-four hours the temperature was 98, pulse 80, and the patient felt well. When arrested, the disease had reached the region of neck below left ear. Having received such gratifying result from the use of antistreptococcic serum in this case I will never hesitate in employing it in all severe cases of erysipelas.

Selected Articles.

SOME INSURANCE FACTS.

A writer in the New York *Independent* for August 28, 1902, who contributes regular articles upon insurance presumes to criticise what he is pleased to call "the lack of certainty in medical examinations." His conclusion is based upon the fact that the New York Life Insurance Company in 1901 had 435 deaths of policy-holders whose policies had not passed the first 12 months. It is curious that any writer upon insurance would attempt to draw such a sweeping conclusion from so insecure premises. In the first place this is the experience of only one company. In the next place no account is taken of the causes of death. Deaths from suicide, pneumonia, smallpox, accidents, etc., will of course never be avoided by any sort of medical examination. Therefore, until it is known how many of these 435 deaths were due to such causes any deductions whatever are wholly unwarranted. If it were shown that a very large proportion of these deaths was due to chronic disease, it would then be proper to conclude that the medical examiners of this particular company were inefficient, for even in such case there would be no warrant for the conclusion that medical examinations as a whole afford no protection to life companies.

This writer says that it will not do to conclude that this company does not sift its applicants carefully enough. He, however, offers no facts in substantiation of his views. If he knows anything about the medical departments of this or any other company—and he should know something of this matter before presuming to write upon it—he knows that, practically without exception, there is no life company doing business in the United States which really follows a rational plan in the appointment and retention of medical examiners. Further than this, he knows that the chief effort of the business managements of all the companies during recent years has been to *reduce the cost* of medical examinations. As the companies cheapen

their medical departments they must not be surprised that they are compelled to accept mediocre or inferior physicians as examiners. The very company whose figures he quotes is one which a few years ago reduced its medical fees, and thereby lost the services of a number of its best qualified and most experienced examiners.

The medical selection of insurance risks is like any other skilled work in that it requires both knowledge and experience. But physicians who possess these qualities are not compelled to sell their services so cheaply as the companies rate them. The writer has already placed on record the fact that he knows of one examiner for a number of life companies who has not in his possession any apparatus for the testing of urine. It happens that this poorly equipped physician is an examiner for the company which is reported to have had so many deaths during the first year of the policies issued by it last year. Companies which will not take the trouble nor go to the expense of determining what sort of examiners they employ deserve no sympathy for their poor results from medical selection, and are very far from being in a position to propound any opinions whatever upon the real value of the scientific medical selection of life insurance risks.—*The Cleveland Medical Journal.*

THE TELEPHONE AS AN AID TO HEARING.

By D. B. St. John Roosa, M. D., New York.

It has been observed for a long time that many persons with impaired hearing can hear perfectly well through the telephone, with the ear or ears that are impaired. It is not, perhaps, so well known that the condition in which this improvement occurs is one of disease of the middle ear. Those who have disease of the acoustic nerve, fortunately rare cases, are injured rather than assisted by the use of the telephone, and in no case is their hearing improved by the use of this instrument. The cause for this improved hearing in certain cases, is perhaps to be found in the increased vibration of the membrana tympani, caused by the rapid action of the sound waves upon the drum head. This is exactly the same thing that obtains with those people who hear better in a noise, which as I showed some years ago, occurs only in those with middle ear disease, and is probably dependent upon increased action of the membrana tympani and the ossicles, by the increased formation of sound waves, just as in the case of improvement of hearing through the telephone. It is not far to seek to find an ideal adaption of an open telephone, so to speak, for the improvement of hearing. The instrument sold by Mr. Hutchinson in New York, called the Acouphone, is more nearly like the telephone than anything I have seen. That apparatus which consists essentially of a transmitter and of electric wires connecting with it and with two receivers, the wires being supplied by a battery, is of the greatest use to certain people with disease of the middle ear. In properly chosen cases, the receiver may be placed on a table, the person with impaired hearing holding the transmitter. One need not talk into the receiver at all, but simply from any part of the room, to get very excellent hearing for certain persons who cannot hear ordinary conversation except close to their ears. I believe the physicist who will pay attention to this subject, could actually improve on any instrument on the market and make a large class of persons with incurable disease of the ear, causing great impairment of the hearing, able to transact business, go to the theatre and so forth, with satisfaction and enjoyment.—*Post-Graduate.*

THE

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Editorial.

CARE OF THE FEEBLE-MINDED.

Mr. G. W. T. Irving, of the Education Office, read recently before the Literary Society of Dartmouth a paper entitled "Building up a Canadian Nationality." This has since appeared in pamphlet form, a copy of which has come into our possession.

We have perused it with much interest, admiring its chaste literary style, but especially realizing that it is a word spoken in due season, and that the subject discussed is worthy the attention of every person who has at heart the future good of this glorious country of Canada.

The first portion of the paper deals with the wonderful natural advantages of the Dominion from a geographical point of view, and its great sources of wealth in its forests, its mines, its fisheries and its soil. In time, and possibly in a very short time, a large population must flock to this land which offers so many inducements to the settler, and he asks "What precautions should be taken to prevent the introduction and perpetuation of an undesirable and vicious element?"

To prevent the introduction of the undesirable element precautions must not only be taken to exclude emigrants from Western and Southern Europe and the flotsum and jetsom of overcrowded British cities, but if possible to encourage the emigration of hardy agriculturists from Britain and the Teutons from the continent, so that our "land may not be made a dumping ground for the scum of Europe

whether they come from the plains of Poland, the steppes of Russia or the slums of Manchester and Birmingham."

While all will endorse these opinions, we as a profession can have no special weight in mapping a policy by which desirable emigrants may be had. Still, as citizens of a grand country, we can do something to promulgate the very excellent views expressed in this particular. It is to that part of the article dealing with the care of the defective element of our population that we desire to call the attention of the medical profession of this province especially. In the field of prevention and care we should not only have influence, but we should exert all our power for good.

Mr. Irving says, "among the defectives may be classed the diseased, deformed, feeble-minded, drunkards, epileptic and that discouraged, hopeless class, notably those bereft of home very early in life and who have been reared in benevolent institutions, those indigent, faint souls, past corporeal toils."

It is to the one class of feeble-minded that we wish to direct attention in this article.

It may be a matter of surprise to some to know that for this element of our population we have absolutely no provision. In other countries, and in at least one province in the Dominion, institutions, some supported by the state, others by private charity, exist, to which the idiot, and feeble-minded are sent, and in which are provided such instruction as will develop any latent intellect, and as a result a large per centage can be taught to take care of themselves to a certain extent. In fact under proper methods of teaching, all, except the hopelessly idiotic, receives distinct benefit.

This neglect on our part should be corrected, and with a view to discover what number of feeble-minded children especially there are in this province, Dr. Sinclair, inspector of humane institutions, has recently sent a circular letter to the members of our profession asking that he be furnished with the names of all such children known to them. Provided with such information it will be possible to agitate upon the question of supplying a proper school or asylum into which such afflicted members of our population may be gathered and trained by modern methods. As it is now such children are sent to the poor houses in which it is not possible to do anything on educational lines, or they are kept at home under the affectionate but unscientific direction of parents or relatives. As matters now are

they are at best a neglected element of our population whose claims upon us have not so far been recognized.

We ask all members of our profession to whom this circular letter has been sent, to aid in the collection of such information as will enable a fairly correct census of our feeble-minded folk be made, trusting that when the number of this class of defectives is known some proper effort can be made on their behalf.

GOVERNMENT PROMOTION OF INEBRIETY.

The following article taking from our bright contemporary, *The Dallas Medical Journal*, will interest our readers, and we trust stimulate our profession in endeavouring to lessen the accursed patent medicine habit by enlightening the general public of its serious dangers:

"On account of the copyright laws, the United States government not only permits, but encourages, the sale of alcohol, morphine, cocaine and other poisonous drugs. Saloons are permitted only when conducted under the most rigid surveillance of the Internal Revenue Department, pharmacists are not allowed to sell poisonous drugs without a physician's prescription, yet any pedlar may sell unlimited quantities of the vilest government-protected patent medicines without hindrance.

In the Transactions of the Colorado State Medical Society, 1902, Dr. Bumgardner describes the extent of the cocaine habit. Within less than three months there were brought before one of the Chicago police courts not less than forty cocaine fiends, the habit in the majority of cases being traced directly to the use of proprietary catarrh snuffs. In Louisiana and Mississippi its use is becoming so prevalent among the negroes as to threaten their extermination. In St. Louis the habit is so wide-spread that a certain district in the negro quarter is known in police and health department circles as "Cocaine Row." In Roanoke, Va., it is estimated that there are over five hundred cocaine habitues. The cough syrups and soothing syrups on the market, as well as the morphine and cocaine habit

cures, are almost invariably preparations of either of these two drugs. Dr. Bumgardner is authority for the following statements:—"A two-ounce bottle of Mrs. Winslow's soothing syrup contains one-half grain of morphine sulphate, and each ounce of Dr. Bull's cough syrup contains more than one-fourth of a grain of morphine. Certain consumption cures, not being permanent, mixtures are now dispensed in small bottles as the last dose from the larger bottles sometimes kills the patient, but the last bottles as the last dose from the larger bottles contain a sufficient quantity of cannabis indica to prove fatal!"

For the enlightenment of our temperance friends, we would like to call their attention to the following list, and would suggest that if they wish to maintain a reputation for consistency, it might be worth their while to include the preparations mentioned as objects of their welfare:

	Per cent. Alcohol.
Green's Nervura	17.2
Hood's Sarsaparilla	18.8
Schenk's Sea Weed Tonic	19.5
Brown's Iron Bitters	19.7
Kaufmann's Sulphur Bitters	20.5
Paine's Celery Compound	21.0
Burdock's Blood Bitters	25.2
Ayer's Sarsaparilla	26.2
Warner's Safe Tonic Bitters	35.7
Pe-ru-na	36.0
Parker's Tonic	41.6
Hostetter's Bitters	44.3

The absurdity of a crusade against beer, with its 3 per cent. or 4 per cent. of alcohol, and other liquors with from 5 per cent. to 40 per cent. of alcohol, while the free sale of these abominable nostrums is countenanced, is apparent. It remains to be seen what will be done in the matter."

[No wonder oratorical congressmen and temperance preachers are so largely represented on the testimonial list of such widely advertised nostrums as Pe-ru-na. Would it not be more profitable and economical "to take your whiskey straight!"—Ed.]

LACOTOPEPTINE TABLETS.

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine."
—*The Medical Times and Hospital Gazette.*

CAN BE ORDERED THROUGH ANY DRUGGIST. **SAMPLES FREE TO MEDICAL MEN.**

NEW YORK PHARMACAL ASSOCIATION,
88 WELLINGTON STREET WEST, TORONTO.

Liquid Peptonoids with Creosote

Beef, Milk and Wine Peptonised with Creosote,

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

DOSE.—One to two tablespoonfuls from three to six times a day.

THE ARLINGTON CHEMICAL COMPANY,
TORONTO.

"BOROLYPTOL"

Is a combination of highly efficient antiseptic remedies in fluid form designed for use as a lotion whenever and wherever **A CLEANSING AND SWEETENING** wash is required. It possesses a delightful balsamic fragrance and pleasant taste, and can be employed with great advantage

AS A CLEANSING LOTION AS A VAGINAL DOUCHE
AS A NASAL DOUCHE AS A MOUTH WASH
AS A FRAGRANT DENTIFRICE.

THE PALISADE MANUFACTURING CO.

Samples sent on application.

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is what every two-ounce bottle of **Bovril** holds. **Bovril** is the only essence of meat in which you get **all the beef.** *Extracts* contain the *juices*, only. Bovril contains all the muscle forming Fiber, too; giving it staying power, as well as stimulating properties.

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INTERNATIONAL MEDICAL CONGRESS.

The Fourteenth International Medical Congress will be opened in Madrid, Spain, on April 23rd, 1903, and close on the 30th of the same month.

Dr. Abraham Jacobi, having been requested by the officers of the Congress to form the American Committee, has arranged that the plan devised by Dr. William Osler, which worked so well in preparation for the Thirteenth Congress, shall be followed also for the Fourteenth.

Invitations to accept places on the Committee have therefore been sent to the President of the American Congress of Physicians and Surgeons, the President of the American Medical Association, the presidents of the fourteen constituent societies and associations of the American Congress, the Surgeons-General of the Army, Navy and Marine Hospital Service, the President of the Canadian Medical Association and the President of the National Dental Association. Acceptances have been received from nearly all of those invited.

Dr. Howard A. Kelly of Johns Hopkins University will deliver the address at one of the general meetings of the Congress, and has chosen for his subject "The Passing of a Specialty."

Dr. Ramon Guiteras has been appointed delegate to the Congress by the New York Academy of Medicine.

The Committee to date consists of W. W. Keen, M. D., of Philadelphia, President of the American Congress of Physicians and Surgeons; John C. Wyeth, M. D., of New York, President of the American Medical Association; R. H Chittenden, M. D., of New Haven, President of the American Physiological Society; Walter S. Christopher, M. D., of Chicago, President of the American Pediatric Society; Joseph Collins, M. D., of New York, President of the American Neurological Association; John W. Farlow, M. D., of Boston, President of the American Laryngological Association; Samuel A. Fisk, M. D., of Denver, President of the American Climatological Association; S. C. Gordon, M. D., of Portland Me., President of the American Gynecological Society; Geo. T. Jackson, M. D., of New York, President of the American Dermatological Association; Horace G. Miller, M. D., of Providence, President of the American Otological Society; Presley M. Rixey, M. D., of

Washington, Surgeon-General of the Navy; F. J. Shepherd, M. D., of Montreal, President of the Canadian Medical Association; George M. Sternberg, M. D., of Washington, Surgeon-General of the Army; O. F. Wadsworth, M. D., of Boston, President of the American Ophthalmological Society; DeForest Willard, M. D., of Philadelphia, President of the American Surgical Association; H. August Wilson, M. D., of Philadelphia, President of the American Orthopedic Association; James C. Wilson, M. D., of Philadelphia, President of the Association of American Physicians; Walter Wyman, M. D., of Washington, Surgeon-General of the Marine Hospital Service; Abraham Jacobi, M. D., of New York, Chairman.

John H. Huddleston, M. D., Secretary.
126 West 85th St.,
New York City.

FOUR HUNDRED DOLLAR PRIZE.

Dr. J. B. Mattison, Medical Director, Brooklyn Home for Narcotic Inebriates, offers a prize of 400 dollars for the best paper on the subject:

"Does the habitual subdermic use of morphia cause organic disease? If so, what?"

Award to be determined by a committee: Dr. T. D. Crothers, Hartford, Conn., Editor Journal of Inebriety, Chairman; Dr. J. M. Van Cott, Prof. of Pathology, Long Island College Hospital, Brooklyn, and Dr. Wharton Sinkler, Neurologist to the State Asylum for the Chronic Insane, Philadelphia.

All papers to be in the hands of the Chairman, by or before 1st December, 1903, to become the property of the American Association for the Study and Cure of Inebriety, and to be published in such journals as the committee may select.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Dec. 19th, 1902. Meeting held at the Nova Scotia Hospital, Dartmouth, the President, Dr. G. M. Campbell, in the chair.

Dr. MacKenzie showed a case of general paralysis to whom a peculiar injury had happened. Another patient had assaulted him by striking him with a pipe-stem in the eye. On cleaning out the wound it was found that the whole stem had been run into the orbit and through the sphenoidal fissure, penetrating three inches along the base to petrous portion of temporal bone. After its removal the patient got along fairly well, but eye remained blind. The muscles were not paralyzed at all.

Dr. Goodwin mentioned a case where part of an ink-bottle was blown into the orbit.

Dr. Lawlor showed a case of fracture of malar bone from a fall. There was some flattening which had nearly disappeared.

Dr. Hattie then presented a case of katatonia—muscular rigidity, verbituation and echololia and constrained attitude. He resists everything, even things he desires to do himself, and makes peculiar noises.

Dr. Hattie then read a paper which was partly a "Symposium on Mental Disease," and treated of the classification, etiology and some clinical aspects.

Dr. MacKenzie followed with "The Treatment of Mental Disease."

Dr. Lawlor completed the series of papers by one on "The Pathology of Mental Disease."

Dr. Walsh, referring to the pathology, thought arterial degeneration was not always accompanied by mental symptoms.

Dr. Chisholm mentioned a case of exhaustion insanity after pneumonia in which patient accosted him as the second person of the Trinity.

Dr. Stewart referred to some cases of cretinisn and myxoedema.

Meeting then adjourned to the superintendent's dining-room where the members enjoyed an excellent supper. Before departing a hearty

vote of thanks was conveyed to Dr. and Mrs. Hattie for their kindness, and also to Drs MacKenzie and Lawlor for their assistance in the programme of the evening.

Jan. 7th, 1903. Meeting held at the Halifax Hotel.

Dr. C. D. Murray, secretary of the Branch, asked to be released from the office.

Drs. Hattie and Hare moved that Dr. Murray's resignation be accepted, at the same time expressing the thanks of the branch to Dr. Murray for the able and satisfactory manner in which he had performed his duties during his term of office.

Dr. Murray then moved, and Dr. Hattie seconded, that Dr. Forrest be appointed secretary for the remaining part of the term. Carried.

Owing to Dr. Halliday's inability to be present at the meeting, his paper on "Sanatoria" was read by the President. (This paper will appear in the NEWS).

Dr. Stewart followed with some remarks in reference to the proposed Kentville sanatorium. He also spoke of Hopewell, and also the hills surrounding the Wentworth Valley as ideal situations for sanatoria.

Dr. Hattie dealt with tuberculosis among the insane, and spoke of the difficulty of proper disposal of the sputum in these cases. He referred to the experiment lately undertaken in the Manhattan State Hospital, and showed that wonderful improvement had been made in dealing with the tubercular insane even under somewhat adverse circumstances.

Dr. C. D. Murray emphasized the importance of institutional treatment from an educational standpoint.

Further remarks on the paper were made by Drs. Weaver, Goodwin, Mader, Almon and Ross.

A vote of thanks was passed, and the secretary was instructed to write Dr. Halliday and thank him for his interesting and instructive paper.

Jan. 28th, 1903. The Vice-President, Dr. F. W. Goodwin, in the chair.

Dr. Murphy presented a case with the following history: A drug clerk, had always been healthy up to August last when he suffered from pleurisy. In September he complained of pain in appendix

region, tenderness on palpation together with distention. The patient was operated on Sept 17th. A gridiron incision was made and the appendix exposed. The organ was six and one-half inches in length and contained seven pieces of inspissated fæces. There was a spot of inflammation near the junction with the large bowel The patient made a rapid convalescence and was up on the sixth day. He is at present in good health and has been so since leaving hospital. Dr. Murphy explained fully the operation performed.

Dr. Goodwin referred to a case where the patient was allowed up on the twelfth day, which he thought very soon.

Dr. L. M. Murray thought there was danger in allowing patient out of bed too soon.

No more cases being present, an interesting discussion on quack remedies took place.

Dr. Hare asked for the composition of "peruna." He had had a woman suffering from dyspepsia, who had tried many remedies without benefit. Lately she has been taking peruna, and in a very short time gained twenty-five pounds in flesh. She now eats and sleeps well and is apparently cured of her dyspepsia.

Dr. Ross stated that peruna contained over thirty per cent. of alcohol, and likewise does many of the nostrums on the market.

The concensus of opinion was that in most of the patent medicines the cure acts on the mind rather than on the organ affected.

Dr. Hare mentioned the fact that some druggists habitually prescribe for patients over the counter, and instanced a case where a patient suffering from chancroid had it cauterized by a druggist.

Dr. Ross referred to a case where substitution had been detected.

Dr. Mader spoke of a case where he had prescribed carbonate of guaiacol in syrup hypophos, co. The druggist failed to add the former ingredient, and furthermore never informed the doctor.

Dr. Goodwin thought the druggists also had a grievance. Doctors frequently get them to order drugs and preparations, which after a short time are never or hardly ever prescribed.

Drs. Hare, Ross and L. M. Murray were appointed a committee to draw up a resolution with reference to counter-prescribing and irregularities in filling prescriptions—the same to be presented to the Pharmaceutical Society.

Matters Personal and Impersonal

Dr. E. V. Hogan is recovering from an attack of acute rheumatism at the Victoria General Hospital.

Dr. H. S. Jacques has taken a sea trip to the West Indies on the steamer "Ocamo."

Dr. John Stewart is now visiting relatives in Ontario and will remain in Montreal a few days before returning.

Dr. C. P. P. Cameron formerly of Broad Cove, is now settled at Harbor-au-Bouche.

Dr. G. Carleton Jones has moved to 87 Pleasant Street and Dr. J. Ross now occupies the house vacated by Dr Jones. The NEWS office will be found at 59 Hollis Street.

Obituary.

DR. F. J. SEERY.—The announcement of the death of Dr. Frederick J. Seery, of Fredericton, on 6th February, was received with deep regret by the profession of New Brunswick, and by very many friends.

Dr. Seery had a lingering illness, hemorrhage of the lungs being the immediate cause of death.

He was forty-one years of age and unmarried, and was a native of Fredericton, where he received his early education. He graduated from the Collegiate School, and took his degree at McGill University in 1884.

Dr. Seery practised in Fredericton for seventeen years; he was a member of the medical staff of the Victoria Hospital from its foundation, and a respected member of the hospital board.

For his many good qualities, his kindness of heart and his professional capabilities, he was very generously esteemed and respected as a citizen and physician. Dr. Seery's death is much regretted by his fellow practitioners, his patients and the people of Fredericton

Book Reviews.

Compend of General Pathology. By Alfred Edward Thayer, M. D. Containing 78 illustrations, several of which are printed in colours. Published by P. Blakiston's, Son & Co., Philadelphia.

This volume is numbered 15 in Blakiston's Quiz Comperd Series. Quiz Compends do not, as a rule, find much favour with the profession, especially with those who are engaged in teaching. But the general excellence of the books in Blakiston's series has overcome the prejudice existing against books of this type to such an extent that several numbers of the series have been commended by well known teachers. Dr. Thayer's book is one which presents many points of excellence. It is the work of one who has had considerable experience in teaching in several colleges, and who has consequently had the opportunity of guaging the needs of students under diverse conditions. His book is intended primarily for the student, and the subject matter is presented in a very clear, terse manner, without reference to the many theories which are discussed in the average text, but which cannot be accepted as proven. Possibly some topics receive a disproportionately large and others a disproportionately small share of attention, but this is a fault which is by no means limited to compends, and Dr. Thayer's book has undoubtedly many excellent features. While it will particularly appeal to the medical student, it will be found to be of definite value also to the practitioner whose time for reading does not permit the use of one of the larger texts.

International Clinics—A Quarterly of Illustrated *Clinical Lectures* and especially prepared articles. Vol III, twelfth series, 1902. Published by J. B. Lippincott Company, Philadelphia; Canadian representative, Charles Roberts, Montreal.

The Clinics have been reviewed in the News for a number of years and we are always pleased to receive each new volume, knowing its pages contain much of interest and practical worth to every individual reader. The last volume fully sustains the high standard set by the president editors, as each chapter, whether a delivered lecture or a specially prepared article, contains many matters of more than passing notice.

"The Treatment of Typhoid Fever," by D. F. Osborne, M. A., M. D., of Yale University, deals with this ever present disease in a clear commonsense manner. Alcohol is advocated at the proper time, and in the proper doses; tincture of iron is recommended in the whole course of the disease, while salol is considered the best intestinal antiseptic. "The Treatment of Morphinism," is by T. D. Crothers, M. D., whose large experince in such cases renders his ideas of this subject of considerable value. "The Urticarias: Their Causes, Varieties and Treatment, by Prof. Hollopeau; and the "Treatment of Deafness by the Direct Massage of the Ossicles of the Ear," by C. J. Koenig, M. D., are other chapters of merit in the department of therapeutics. "Means of Telling Whether an Attack of Serofibrinous Pleurisy is Tuberculous," by G. Dieulafoy, M. D., of Paris, embraces some twenty pages of logical and instructive reading. "Internal Piles; the Clamp and Cautery Operation; Tuberculous Fistulæ," is written by James P. Tuttle, M. D., whose admirable book was reviewed in our last issue.

The plates and figures are excellent, and much enhance the value of the text.

THE CRITERION.—156 Fifth Ave., New York. Prof. John Uri Lloyd's famous satires, the first of which, "The Mother of Sam Hill's Wife's Sister," was published in the September Criterion (1901), are resumed in the January number with the fourth paper of the series, "Sam Hill, Sheriff of Knowlton, Kaintuck," and purport to be related by "Chinnie Bill Smith," the famous story teller of "Stringtown on the Pike." These satires, written exclusively for the Criterion, will be illustrated by Martin Justice, whose character studies are second to none in the magazine field. Prof. Lloyd's inimitable style and daring, yet kindly humor, will be a rare treat to the Criterion readers. A deeper meaning will be read between the lines of these unusual papers by thoughtful minds. The next paper, "Why a Kentuckian Stands With His Back to the Stove, the Testing of Milinda," by Sam Hill, will appear in the March Criterion, and the remaining stories during the year 1903.

Notes.

SANMETTO IN CYSTITIS, URETHRITIS, PROSTATITIS AND GENERAL INFLAMMATION OF THE GENITO-URINARY TRACT.

I an an earnest friend of Sanmetto. It is a valuable and ethical preparation. From years of experience in its use I have learned to rely upon it in cases of cystitis, urethritis, prostatitis and general inflammation of the genito-urinary tract. In cases where its use is indicated its curative properties are most remarkable. I am satisfied if the professsion will carefully discriminafe in their cases they will always be well pleased with the results obtained from the exhibition of Sanmetto. I shall continue its use where indicated.

W. E. J. MICHELET, M. D.

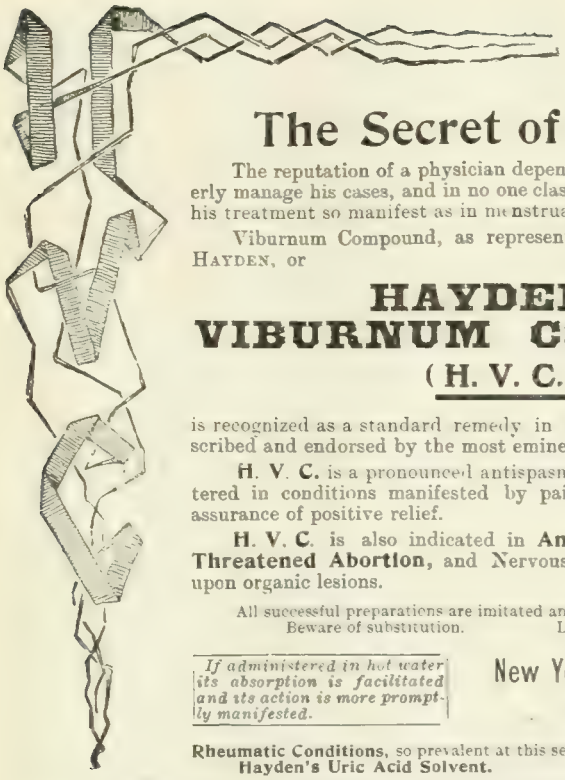
Chicago, Ill.

SANMETTO IN ENLARGED PROSTATE COMPLICATED WITH CYSTITIS.

Dr. J. M. Minick, of Wichita, Kan., President of the Kansas State Board of Health, reporting his experience with Sanmetto, says: "I do not explain the action of Sanmetto from any ulterior motive or for publication any further than I candidly believe it is a God-send to men who are afflicted with enlarged prostate gland complicated with chronic cystitis, with a constant desire to micturate, especially at night."

THE TREATMENT OF INFLUENZA AND COUGHS.

We excerpt the following from the *Toledo Medical Compend* by David E Bowman, M. D., Toledo, Ohio, Professor of Obstetrics, etc., Toledo Medical College. "The elimination of the toxins is too frequently overlooked in these cases. Formerly, in their efforts to relieve the distressing symptoms, the profession have used remedies which produced stomachic disturbances, arrest of secretions, constipation, etc. I find nothing better to overcome the congested condition, in these cases, than two Laxative-Antikamnia and Quinine Tablets given every three hours. If needed follow with a seidlitz powder or other saline draught the next morning, before breakfast. This will hasten peristatlic action and assist in removing, at once, the accumulated matter. Heroin hydrochloride has been so largely used for coughs and respiratory affections that it needs little or no recommendation in this class of cases, but the favorable synergetic action of this drug used with antikamnia, is, I believe, not sufficiently appreciated. Antikamnia & Herion Tablets will be found useful by every practitioner, particularly during the winter and spring months. The antikamnia not only adds potency to the respiratory stimulant and expectorant qualities of the heroin, but it prevents the slight nausea which may at times follow its administration alone."



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All successful preparations are imitated and H. V. C. is no exception.
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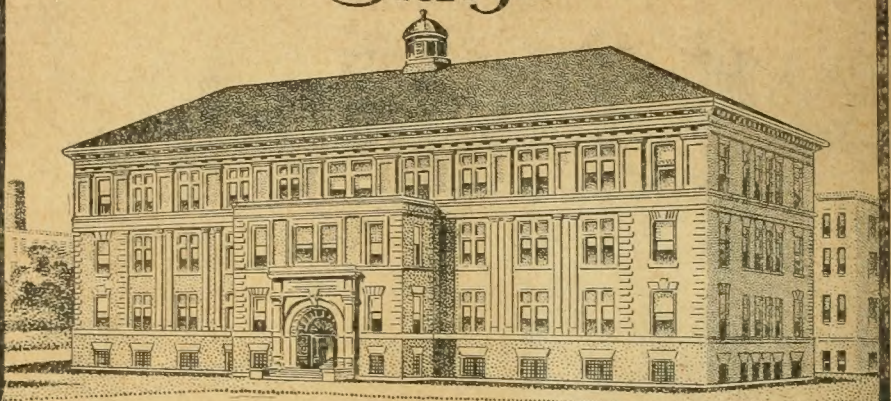

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